LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

THE FAURE CONDENSER.

All the sciences are but branches of a single stem. If the stem is made stronger by new supplies of sap, sooner or later all the twigs will tingle with it. A drawback to the use of electricity for cauterizing and illuminating purposes in medical work has been the cumbersome, costly, and unwieldy apparatus required. If electricity could have been purchased in receivers, such as the dentists use for nitrous oxide gas, turning it on or off at will, it would have been the common property of doctors by this time.

It looks as if the want is now about to be filled. The expectations of the scientific world have been highly excited by reports of the facility with which "condensers" or secondary batteries could be charged by the action of a continuous galvanic current. Sir William Thomson has been working wonders in England with the apparatus which Reynier recently exhibited to the French Academy. In the condenser of Plantè, as improved by Faure, a genie able to cope with armies has been enslaved by a charm, confined to a box, and forced to do drudgery in such small things as suits his master.

The new condenser is derived from the well-known secondary battery of Plantè, a description of which is contained in Bartholow's recent work on Medical Electricity. Like that, it is composed of two lead plates immersed in water acidulated with sulphuric acid. The amount of storage power of Plantè's battery is limited by the thickness of the lead plates, while Faure gets an enormous increase of accumulation by coating the lead sheets with the oxide of that metal. The two plates are first covered with minium or insoluble oxide of lead, and then with felt, which is kept in position by lead rivets. Connected with a galvanic battery so that these plates are the electrodes, the current passes by the hour into them, bringing the minium to the state of peroxide on the positive electrode, and to that of reduced lead on the negative. In this process of charging, the electricity is mysteriously stored and remains so till called for. By joining conducting-wires to its posts, a reversal of the original current can be discharged at any desired rate. In discharging the reduced lead is oxidized, and the peroxidized lead is reduced until the original equilibrium is reached, when it is ready for a new load. A reservoir weighing one hundred and sixty pounds, it is claimed, will accumulate sufficient electricity to do one horse-power of work for one hour.

A box about one cubic foot in size, holding four of these batteries, was charged with a million foot pounds of electricity. It was sent in this state of tension from Paris to Glasgow. Like the fisherman's genie of the Arabian tale, the power of a great thundercloud was kept safely pent up by a talisman mightier than the seal of Solomon. In Glasgow Sir William Thomson unloosed it from the cage and harnessed it to do various duties, among which was the operation recorded on another page. Prof. Buchanan there relates how from one of the four cells, weigh-

ing eighteen pounds, he obtained power to burn away a nevus from a boy's tongue without hemorrhage.

We are on the threshold of far greater achievements with it. Natural energy of any kind, winds and waterfalls, can be made to generate dynamo-electricity, which can now be stored up indefinitely in the Faure condensers, to be used at will. One of a convenient size could be left daily at the door, as ice is in summer, for yielding electricity on demand to heat a galvano-cautery, light the house, run a sewing-machine or coffee-mill, and play the domestic drudge in a thousand ways. The London Times takes a rosy view of the future of electricity in the arts in the following language:

> We believe it was Sir William Thomson himself who once spoke of Niagara as the natural and proper chief motor for the whole of the North American continent, and it now seems quite within the bounds of possibility that persons who are now living may witness the application of this chief motor to the indicated uses. It is possible that they may see electricity brought by electric railways from the coasts, or from the estuaries of tidal rivers, and delivered in the great towns for the fulfillment of all the purposes for which coal is at present either directly or indirectly employed.

THE INTERNATIONAL MEDICAL CONGRESS.

The first Congress of the medical men of all nations was held at Paris in the exhibition year, 1867. This was so successful as representing all civilized countries that the name Second Medical Olympiad was given to the meeting in Florence in 1869. In 1873 the Congress was entertained in Vienna; in 1875 in Brussels. The meetings had thus far been biennial, but in 1876 an extra assembly was held to commemorate the American Centennial, in Philadelphia. At Geneva in 1877, and at Amsterdam in 1879, notable gatherings occurred. This year London will do the honors, and the indications are many that a brilliant meeting of the most renowned doctors will be witnessed there from August 2d to August 9th.

For more than a year preparations have been in progress on a large scale. The organization embraces fifteen sections, with a long list of officers, including every well-known name in English medical circles. The section work will be done before noon; in afternoons formal addresses will be delivered by Billings, Volkmann, Huxley, and others.

All medical *men* qualified to practice in their own countries will be eligible to register and pay the fee of one guinea. Non-medical persons or medical students will be admitted to the meetings for half a guinea. It is reported that no females need apply. Sir James Paget will preside, assisted by forty vice-presidents. The qualifications for membership are very easy and the organization as simple as possible, not holding over from one session to another.

As there are about four hundred officers, in order to relieve the affair of a certain top-heavy appearance there ought to be a delegation of several thousand from this and other countries to serve as a basis for so much honor. There are other obvious and really good reasons why Americans who have a vacation this summer might find it profitable and enjoyable to attend, even if they be but lookers-on. Our readers shall be duly informed of the noteworthy occurrences.

THE PARADISE OF ANTI-VACCINATIONISTS. Speaking of the Island of Madeira, the Pacific Med. and Surg. Journal says that it is the very paradise for the enemies of vaccination, the common people being exceedingly hostile to the practice. Six years ago the smallpox prevailed and carried off one thousand victims in a population of one hundred and thirty thousand—equal to a mortality of about two thousand in San Francisco. If all the haters of vaccination should emigrate to Madeira, they might there enjoy peace of mind, and they would carry with them the best wishes of those they would leave behind.

Original.

A CASE OF PUERPERAL ECLAMPSIA.

BY DOUGLAS MORTON, M.D.*

On the 20th of last April, about noon, I was called to see E. W., a mulatto woman, about twenty-eight years old, who since five o'clock had been having puerperal convulsions at intervals of fifteen or twenty minutes. I found her comatose. I learned that her nurse had been giving her, under direction of a physician who had seen her some hours before, a dose of bromide potassium and chloral every hour.

I learned of her previous history that she had some three children in wedlock, that she had been a widow for some years; and that about eight months before she had become pregnant by a man whom she expected to marry, but who had died four months before. I mention these particulars because the disease occurs so much more frequently in the primipara than the pluripara, and that when it befalls the latter we are moved to look for some special predisposing cause. In this case the woman's great distress at the death of her betrothed and chagrin over her condition seemed evidently the cause. She had had the premonitory symptoms which are most usual—severe headache and giddiness, with great edema of the subcutaneous cellular tissue.

On finding that the mixture prescribed before I saw her did not control the convulsions, and not then knowing how much chloral there was to the dose, I gave half a grain of morphia hypodermically; and a few minutes afterward, noticing the veins were unusually turgid, I took about twenty-four ounces of blood from the arm, after which the stertorous breathing became at once calm and almost natural, and the whole aspect of the case changed for the better. During the hour I remained with her there was no return of convulsion; but upon my second visit, at three o'clock, I learned that there had been three during my absence, and the patient was much in the same condition as that in which I found her at first, except that labor-pains were apparently more vigorous. I made digital examination now for the first time, and found the os fully dilated and labor progressing rapidly. I gave another half grain of morphia hypodermically, and waited about an hour, when the child was born. There was no return of convulsions after the second dose of morphia. The patient remained in a state of stupor for two or three days, and for several more after this had passed off the mind was in a somewhat dazed condition. This, however, was succeeded by satisfactory convalescence.

There was nothing more in the management of this case, except perhaps in the bringing together of a very old and a comparatively new remedy. Bleeding, as you are all aware, fifty years since, some time before and a long time after, was held to be the sheet-anchor in treatment. Old Gooch would take thirty or forty ounces of blood, wait a while, and, if his patient had another convulsion, would take as many more. If in any case a patient died, he would attribute it to insufficient bleeding. If she died after the extreme depletion he often practiced, he doubtless thought it was because she could not bear the loss of blood requisite for a cure. But notwithstanding the uncertainty thrown over the subject by the peculiar bias of the time of Gooch, valuable data now come down to us, which, together with the results of experience of much more recent date, prove satisfactorily the value of bloodletting. Gooch bled not simply because it came very naturally to his hand to bleed, nor merely because he held a theory (congestion of the brain) which to his mind clearly indicated the necessity of bleeding, but because under his accurate observation he saw unequivocally good results come from the practice. In view of this the reasoning of Schroeder falls upon our minds oddly enough, and appears an illustration of what we sometimes see in medicine as well as in other matters—that a plausible theory may hold out against indisputable fact. Schroeder, assuming the correctness of Traube and Rosenstein's "cerebral-anemia" theory, is of the opinion that convulsions may be arrested for a short time by bloodletting; but as the very condition which gives rise to them will be intensified by it, they must return with increased severity. This is pure theory, and is inevitably set at naught by the fact that many cases recover under extreme bloodletting.

There are, however, two plain facts connected with the disease which give abundantly clear indications for treatment: first, that the nervous system is in a state of intense excitability; and second, that every convulsion is fraught with danger, not only from asphyxia that may occur at the time,

*Read before the Louisville Medico-Chirurgical Society, May 13, 1881.

and the extreme exhaustion that must follow, but from the fact that in the tremendous energy expended in each paroxysm there must be a corresponding amount of *débris* thrown upon the circulation, which can not fail to embarrass every vital process going on in the organism. Gooch said, "Attend to the convulsions and let the labor take care of itself." If he had said rather, "and let the pathology take care of itself," he would have struck the key-note of the soundest treatment. If opium affords the surest, quickest means for arresting convulsions, let us dismiss our fear of "locking up secretions," of causing retention of urea or of ammonia, and give it freely.

The remedies in most common use, chloral and chloroform, are not free from objection. The former, as Fordyce Barker has shown, may increase nervous excitability, and all who have tried the latter know of the practical difficulties connected with its use.

In a paper which appeared some months ago a very intelligent writer, whose name I regret I can not now recall, urged the merits of hypodermic injections of morphia, and pointed out the high degree of tolerance of this drug in puerperal eclampsia. His views were so satisfactory that I determined to carry them out at my first opportunity, which occurred in the case I have reported. No very important conclusion can of course be derived from the issue of one case; yet, as there exists some prejudice against opium in this disease, I take pleasure in bringing before you in a favorable light one instance of its administration.

LOUISVILLE.

Correspondence.

Editors Louisville Medical News:

On the 3d of March last I was called in consultation with Dr. Hamilton. Mrs. McC., aged forty, anemic and suffering with malarial fever, was delivered at 12 o'clock the day preceding of a full-grown infant. After an interval, Dr. Hamilton found that the placenta was abnormally adherent. Hemorrhage was persistent and alarming, and when I saw her the symptoms of collapse were very apparent. After the exhibition of quinia, ergot, and application of cold, etc. I could discover no very marked contractile efforts of the uterus. The organ was in a state of inertia, os dilatable and flaccid. Deciding that no further time was to be lost, we partially anesthetized the patient, and, having introduced my hand, the adhesion was found to be extensive over the fundus and right side of the womb. By carefully introducing my fingers with a side-to-side movement, I soon detached the greater part of the adherent surface. Contractions now came on, but these failed to expel the placenta. Having again introduced my hand I cautiously tore it from the fundus, leaving adherent a portion fully as large as a silver dollar. The hemorrhage, which had been copious, now abated in great degree. It was several days before she rallied from exhaustion, but under the careful watch of her attendant physician she made a most happy recovery.

The lesson to be derived from this case is the conservative processes of nature in acts of parturition. The remnant of placenta in the womb was not discovered in the lochial discharges. No septic poisoning followed. The patient, a lady of fair intelligence, informed me that on two occasions previous she had been troubled by adherent placenta.

C. CULLEN, M.D.

PLUMMER'S STATION, L. R. & Ft. S. R'Y, ARK.

Reviews.

A Treatise on Albuminuria. By. W. HOWSHIP DICKINSON, M. D. Cantab., Fellow of the Royal College of Physicians, etc. Second edition. New York: Wm. Wood & Co., 27 Great Jones Street. Being the first of Wood's Library of Standard Medical Authors for 1881.

We have already called attention to this venture of Messrs. Wood & Co., and feel satisfied that if the first work is a fair specimen of what is to follow, the medical profession can count on having from this source a rare and cheap collection of reading-matter during the year.

The volume before us is one of three written by Dr. Dickinson, upon the kidney and its derangements. It is illustrated by eleven plates and thirty-one woodcuts. Six of the plates are colored, presenting an artistic finish and a truth to nature that is marvelous indeed. These, with the remaining plates and woodcuts, bring before the student a full view of all the structural diseases of the kidney and the microscopic appearances of urine changed through Bright's disease. The author's text is lucid and full, giving, with a clear statement of the pathology, progno-

sis, and treatment of the affections described, an analysis of many cases illustrative of its clinical history.

In considering the pathology of renal disease, Dr. Dickinson holds to his old classification, based on deflexions from the normal in the three forms of structure found in the anatomical make-up of the kidney. This arrangement is logical and simple, and seems to do away with several more or less doubtful points in renal pathology.

The term *depurative*, as applied to the so-called amyloid degeneration of the kidney, has given place to *lardaceous* in the present edition.

The author was requested to make this change by the London Pathological Society; and although he still holds as a primary fact the doctrine that waste through suppuration is the most common cause of this form of renal disease, he acknowledges "a large consent in favor of the simply descriptive term lardaceous," and in deference to this adopts it in the present volume.

Among the things that appeal to us with peculiar force as we read are the value of chemistry in fixing the diagnosis and adjusting the treatment in renal disease, and the importance of early and frequent examination of the urine in many acute and in all chronic affections of doubtful character. These suggestions would seem to merit special attention with reference to the possible presence of granular and lardaceous Bright's disease. In the former the importance of early diagnosis is manifest. Insidious in its development, and destined under ordinary conditions to run an extended course, a person may be the subject of the affection for years and never suspect that he is out of health, when some undue exposure or an ill-timed dose of opium precipitates an uremic coma, with its almost certainly fatal issue.

We are glad that the author takes no middle ground with regard to the danger of opium when given in granular degeneration of the kidneys; and we are convinced that his warnings when heeded will be the means of prolonging many a useful life. He says, "It is not seldom that the comatose state to which the disease tends has come on before its time in consequence of the administration of opium. Intolerance of this drug is one of the peculiarities of the disease. Doses so small as to be looked upon as safe under any circumstances will sometimes have a poisonous effect." He then cites a case where a patient became comatose after taking five grains of Dover's powder.

This warning should be sounded unceasingly in professional ears; but it is not sufficient to guard against the use of opium in treating a patient known to have granular kidney. To avoid its employment here is easy; but the importance of excluding renal disease before giving opium in any doubtful case is, we fear, not fully appreciated by the profession at large; and not a few physicians, neglecting to look to the urine in patients past middle age and under treatment for some obscure ailment, have failed to recognize the condition of things until an untimely dose of opium has made the diagnosis for them, and death has demonstrated the folly of the treatment.

It may be radical, but we believe the time is near at hand when no thoughtful physician will resort to this useful but dangerous drug, in patients past middle age at least, without having first submitted the urine to careful and critical examination.

In the latter (lardaceous kidney) following, as it is prone to do, in the wake of syphilis and chronic abscess, the onset of the disease should be looked for with great care; for through early diagnosis leading to removal of the cause, and appropriate medication, the morbid infiltration may be arrested in its progress or even made to retrograde toward the normal. And here Dr. Dickinson lays peculiar stress upon the importance of checking the discharge of pus in the chronic abscess of cachectic patients, and makes plain one point at least against conservative surgery. For says he, "Where symptoms of visceral change have become evident, attempts to manufacture false joints —attended, as they are, by a tedious and exhaustive process—will probably give way to the more speedy and simple relief of amputation. The question must often be reduced to the simple alternative between life and limb."

He further says that "with a present drain [of pus] which can not be stopped, our efforts must be directed to compensation; and I am assured that, whether in regard to diseases of bones and joints or internal suppurative lesions, much may be done in this direction by suitable diet and nutritious drugs. The mere chemical loss in suppuration can be restored by thus supplying the salts, chiefly those of potash, which pus removes."

Giving due prominence to the treatment of this disease from a chemical point of view, the author does not fail to commend the use of alteratives, tonics, constructives,

and general hygienic measures; and while he calls particular attention to the extraordinary solubility of the morbid deposit of lardaceous disease in solutions of potash, he remarks, with the wisdom of the true clinician, that "the disease can not be treated in a test-tube."

A popular standard in its first edition, the second was necessary only to place the subject abreast with advancing science. The work justly ranks among the classics of medical literature, and nothing that we may say can heighten the esteem in which it has so long been held by the profession.

Books and Pamphlets.

ON THE TREATMENT OF TYPHOID FEVER. By L. S. McMurtry, A.M., M.D., Danville, Ky. Reprint.

FAVUS AND ITS TREATMENT BY A NEW METHOD OF DEPILATION. By L. Duncan Bulkley, A.M., M.D. Reprint. New York, 1881.

TRANSACTIONS OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION. Fifth Annual Meeting, held at Richmond, May 3d and 4th, 1881.

THE PRINCIPLES OF MYODYNAMICS. By J. S. Wight, M.D., Professor of Surgery, Long Island College Hospital. New York: Bermingham & Co.

THE INTERNATIONAL ENCYCLOPEDIA OF SURGERY: A Systematic Treatise on Theory and Practice of Surgery by Authors of Various Nations. Edited by John Ashurst, jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania. In six volumes, royal octavo. Illustrated with chromolithographs and wood engravings. Price per volume, cloth, $6. Publication to begin in the autumn of 1881, by William Wood & Co., New York.

Medical Societies.

LOUISVILLE MEDICO-CHIRURGICAL SOCIETY.

[Reported by J. G. Cecil, M.D., Secretary.]

At the regular meeting of the Louisville Medico-Chirurgical Society, May 13th, Dr. Douglas Morton read a report of a case (published in full in another column) of Puerperal Eclampsia, treated by venesection and opium, which gave rise to the following discussion:

Dr. Senteny said he had not seen many cases of this class and consequently was not able to give a special preference to any line of treatment; but would always treat with reference to the cause, if that can be ascertained. If uremic, he should adopt one line of treatment; if hysterical, a different line, etc. He could remember in early practice cases which were bled freely; then opium was not given. Remembers a case in a hysterical woman, a multipara, who was bled, had opium, and was delivered by the forceps. After the delivery she came out of the condition unharmed. He thought this case hysterical and gave opium and ergot. In his next case the convulsions came on while the head of the child was engaged in the superior strait. Having no instrument at hand he aided and encouraged labor as much as possible with his hands. When the labor was concluded the convulsions ceased. He has seen cases in which he was satisfied that the convulsions were due to uremic poisoning. He once saw a case in another doctor's practice in which all remedies failed. Phlebotomy, opium, and calomel were of no avail. The woman failed to regain consciousness, and died after the child was delivered. He thought that no specific plan of treatment could be uniformly adopted, and that our endeavors should be to understand the pathology of the affection, when the treatment can be adjusted to the requirements of any given case.

Dr. Roberts: How much blood was taken, and how did Dr. Morton know when he had taken enough? Was he governed by the quantity or the effect?

Dr. Morton: Governed by the quantity.

Dr. Cottell: Has had no experience with puerperal convulsions. The report calls for a consideration of the alleged non-elimination of urea and other excretive matter in this disease, and raises the question as to whether opium can be safely used in such cases.

Dr. Von Donhoff: Has seen two cases of puerperal convulsions, one of which was a complete conundrum. The mechanical condition must have some effect in the production of convulsions. He attended a case of convulsions accompanying urethral stricture in a boy to whom opium had been given. No surgical interference for relief was allowed by aspiration or section, and the patient died. Is satisfied that the opium hastened death. In puerperal convulsions due to a mechanical condition, and this condition not relieved, opium is dangerous. In these cases the pathology often can not be determined until after death. In the cases which he saw hot injections and other means were used successfully, but phlebotomy was not practiced. The veins were turgid, denoting cerebral congestion, but this of itself will not kill. He thinks bleeding useless.

President Bailey: Began his practice with a case of this kind. The practice in vogue twenty-five years ago was to bleed freely and bleed again if convulsions returned. In his first case, which was a primipara, he bled freely but she died before delivery. No progress was made toward delivery. He has seen a good many cases, most of which have been accompanied by symptoms known as uremic. Thinks the puerperal state brings on in some cases Bright's disease of the kidneys. If the patients do not die at delivery they may die years afterward of Bright's disease. He usually thought opium contra-indicated in Bright's disease and kindred conditions, but he has seen it given in chronic Bright's disease. Comfort was promoted and condition rendered more tolerable. Has noted cases in which large doses of morphia were given and thinks we may have misapprehended the proper conditions in which to give morphia. Has seen two or three cases where bleeding was practiced. Did not think them improved by it. Would prefer to deplete by pilocarpin or ligation or limbs. He has seen cases where no impression could be made by any means.

Dr. Morton, in reply, said that in their remarks

the gentlemen who had spoken assumed that puerperal eclampsia is caused by the presence of urea in the blood, a point very far from established. Indeed those who have thought most on the subject are still at sea in regard to the pathology of the disease. All objections therefore to opium based upon the uremic theory fall necessarily to the ground; but, assuming this theory to be true, there appears to be no valid reason for the belief that its administration would be harmful. It must be borne in mind, moreover, that every paroxysm largely increases the amount of urea, as well as of other deleterious products, already in the circulation; hence the great importance even under this hypothesis of stopping the convulsions as soon as possible by some overwhelming influence; and if opium best accomplishes the result, other things being equal, it must be the best remedy. The objection against opium on the score that it causes retention of matters that ought to be eliminated is a very old one, and appears never to have been properly tested. Gooch, for instance, intimates that he never tried it, and simply gives the authority of Denman for his belief that it would be injurious.

In reply to Dr. Donhoff's remark that puerperal convulsions are largely due to mechanical causes, and in treatment these first of all should be removed, Dr. Morton said in a considerable number of cases the convulsions do not begin until after completion of labor; and in a much larger number, where they begin before they continue afterward. But admitting that eclampsia may be caused by mechanical irritation, would not opium prove a most efficient agent for diminishing the impressibility of the nerve-centers involved?

President Bailey: One theory in regard to uremic manifestations is that they are due to edema of the brain. Would not opium be the remedy in this condition just as it is useful in hemorrhage?

Dr. Morton: What would be the injury if opium were used in uremia?

Dr. Von Donhoff: In uremia we have a condition in which we should not use medicines that militate against the action of the emunctories. If opium does this we should not use it.

Dr. Senteny: We should not be governed in the use of opium by the effect on the kidneys. In convulsions we want immediate effect for relief. Remembers his first case of convulsions was thought at the time to be the result of congestion of the brain. He bled, but it had not the desired effect. He then poured cold water from a height until the convulsions ceased. Does not know which was efficacious, but thinks the latter was.

Dr. Holloway: It is a mistake to say that opium always checks secretions. His experience is that it does not interfere with secretion. Has seen it produce stranguary, and thought the bladder filled quite as rapidly as when stranguary resulted from other causes, proving that opium did not check the flow of urine. In catarrhs dryness is relieved by Dover's powder; in coughs opium loosens the phlegm and thus gives relief.

Dr. Holloway also called attention to the fact that opium-eaters often live to an advanced age, which would seem to prove that opium does not directly interfere with the more important vital secretions.

THE Minnesota State Medical Society held its annual meeting at St. Paul, Tuesday, June 20, 1881.

Formulary.

PILOCARPIN IN DIPHTHERIA.

Dr. George Guttman, of Cornstadt, claims to have had good results from pilocarpin in the treatment of diphtheria. In an experience of a year and a half, during which a large number of cases, both severe and mild, were treated, his success has been very encouraging. The drug induced abundant secretion from the mucous membrane of the throat and fauces, which brought away the false membrane. No injurious inflammation was excited, nor was there any marked tendency to depression. When symptoms of depression were observed he alternated the medicine with stimulants in some form. The following are his formulæ:

For Children:

℞ Pilocarpin mur..... gr. $\frac{1}{3}$–$\frac{2}{3}$; 0.02–0.04 Gm.;
Pepsin..... gr. i–j$\frac{1}{4}$; 0.06–0.07 "
Acid. hydrochlor.... gtt. ij; 0.12 fl.Gm.;
Aq. dest..... ℥ ijss; 75.00 "

M. Sig. A teaspoonful hourly.

For Adults:

℞ Pilocarpin mur..... gr. ss–j; 0.03–0.06 Gm.;
Pepsin..... gr. xxx; 2.00 "
Acid. hydrochlor.... gtt. iij; 0.18 fl.Gm.;
Aqua dest..... ℥ viij; 240.00 "

Sig. A tablespoonful hourly.

FOR INFANTILE CONVULSIONS.

Dr. Joseph Parrish recommends the following:

℞ Olei succini rectificati. } āā fl.℥ ss; 16.00 fl.Gm.;
Tinct. opii..... }
Olei olivæ..... } āā fl.℥ ij; 64.00 "
Spts. vini gallici..... }

Ft. lotio. Sig. Rub along the spine.

This will also be found useful in the spasms of hooping-cough. In order to promote absorption the skin should be washed with warm water and soap before rubbing in the lotion.

TREATMENT OF ERECTILE TUMORS.

M. de Saint-Germain treats nevi in children by interstitial injections with a Pravay syringe. The injections are made one at a time, and at intervals of eight days. Each injection produces a small scar, and the operation is only complete when the whole surface of the nevus has been transformed into a scar. A single drop of the caustic or fluid of Piazza is injected upon each occasion. The composition of the liquid is as follows:

℞ Ferr. perchlor..... ℥ vj $\frac{1}{4}$; 25.00 Gm.;
Sodæ chlorid..... ℥ iij $\frac{3}{4}$; 15.00 "
Aq. destil..... fl.℥ xv; 60.00 fl.Gm.

P. M.

—*Le Progrès Méd.; London Pract.*

THE warm weather has not caused any perceptible abatement in the number of small-pox cases reported in Chicago. In two days eleven deaths from this disease were counted in the mortuary reports.

Miscellany.

At the last meeting of the Royal Society Dr. MacEwen presented a paper on a case in which he had successfully transplanted bone. The patient was a child, four years of age, who had lost two thirds of the shaft of the humerus by necrosis fifteen months previously, and in whom no osseous repair had occurred. The limb was of course useless. Dr. MacE. proceeded at first to make a groove in the soft tissues in the position of the bone, relying for this upon his anatomical knowledge, and then placed in this groove small fragments of wedges of bone removed from other patients for curved tibiæ. The result has been that a good new bone has been formed, the new portion has united firmly to the upper epiphysis and lower part of the original shaft, and the bone is only half an inch shorter than its fellow. Proper care was taken throughout to have the parts perfectly aseptic. Great interest attaches to this case, which is the first of the kind recorded, and Dr. MacEwen is entitled to warm praise for devising and carrying to such a successful issue the many details necessarily involved in its management.—*Lond. Lancet.*

New Definitions of Old Terms.—The editor of Dunglison's Dictionary will take note of the following new definitions, which are proposed by *L'Union Méd. du Canada:*

Abdomen. The most fruitful region of the human body for medical practice; theater of more than half the pathological dramas. Wo to the doctor who neglects its exploration!

Aberration. See Homeopathy.

Abduction. A movement of the arm that should be employed whenever a proposition is made inimical to professional honesty.

Adduction. A movement of the arm always made by the skillful physician when a patient offers the honorarium.

Abstinence. A term well understood by the poor horse of the poor country doctor, and often by the poor doctor himself.

Accord. A term rarely employed in medicine.

Agglutinative. The effect produced by a lecture by Trousseau, Ricord, Malgaigne, etc., collecting an audience and gluing them to the seats.

Assimilation. A precious faculty possessed by some physicians who produce nothing, but possess a wonderful appetite for the productions of others.

Extreme Antiseptic Precautions.—Extract from *Lyon Médicale:* In a duel lately, just after the principals had crossed swords, a voice was heard, "Stop a moment, gentlemen." They lowered their weapons, rather hoping that the seconds had agreed upon some plan of healing their wounded honor without the necessity of fighting. But alas! it was only the surgeon, who, being one of the advanced school, carefully took from his pocket a bottle containing a solution of carbolic acid and wet the points of the swords with it. Then, with the air of a man who had done his whole duty, he said, "Now, gentlemen, proceed; you may kill each other, but you run no risk of blood-poisoning."

This is all very well as far as it goes, but we would suggest that at the next meeting our *confrère* should insist that the combatants be enveloped in a cloud of carbolic spray.—*Mich. Med. News.*

Parotitis as a Sequel of Ovarian Operations.—The Medical Press and Circular says that it is an established fact that orchitis and inflammation of the parotid may mutually complicate each other, and that furthermore a relation between inflammation of the gland in question and that of the external genitals and the ovaries has been noticed by several eminent observers. Dr. Schroeder has recently seen parotitis as a sequel to five ovariotomies. Two of the cases were fatal, and from this he concludes that parotitis should be feared as a grave complication of gynecological operations.

[Either this complication has so far escaped the vigilance of the American gynecologists, or, if reported, it stands veiled by an appellation through which none but the eye of the elect can see.]

Olive Oil Externally.—In the Boston Med. and Surg. Jour. Dr. W. T. Parker commends very highly, in the treatment of lung-diseases, a double fold of common cotton cloth completely inclosing the trunk, the cloth to be thoroughly saturated with warm olive oil. It keeps supple and warm for a long time, and is very agreeable to the patient.

A French army-surgeon, after stating that great numbers of soldiers die on the battle-field from lack of knowledge on the mode of arresting hemorrhage, proposes to tattoo an image of some kind over every large artery, so as to guide the wounded in compression.

Selections.

On Milk-indigestion in Young Children.—By Eustace Smith, M.D., F.R.C.P., Physician to his Majesty the King of the Belgians; Physician to the East London Children's Hospital, and to the Victoria Park Hospital for Diseases of the Chest (British Medical Journal):

Children who are brought up, in the usual way, upon milk and milky foods may suddenly begin to exhibit symptoms of indigestion, which renders an immediate change in their diet indispensable if serious consequences are to be avoided. In hand-fed babies this unfortunate accident is common enough, and the mortality among such infants may be in a great measure attributed to it. The same thing may occur, however, in children who have been weaned at the usual age; and it is therefore sometimes met with in young children twelve or eighteen months old.

These symptoms are due in the majority of cases to an inability to digest cow's milk. Usually the inability is merely a temporary infirmity, arising from some casual derangement of the stomach and bowels, which induces an acid change in the food. In such cases, milk quickly undergoes fermentation in the child's stomach, and an acid is formed which irritates the delicate mucous membrane and increases the disturbance of the digestive organs. Severe symptoms are often the consequence of this indigestion, so that unless prompt measures be taken to avert the danger the child's life may be sacrificed. In other and less common cases the fault is in the milk, which is too heavy for a child whose digestive organs are sound and healthy. Thus infants who are weaned when very young often find cow's milk to be beyond their powers of digestion, and unless special precautions be taken to adapt it to their immature organs* serious consequences may ensue. Other causes may make cow's milk appear to be indigestible. Thus the child may be actually overfed, its meals being too large or too frequently repeated; or, again, the feeding apparatus may have been neglected, so that fresh milk put into a dirty, sour bottle may have begun to ferment before the child swallows it. These causes may, however, be put on one side. The kind of milk-indigestion now spoken of is that in which, for whatever reason, a perfectly pure fresh milk, given in suitable quantities and with all possible precautions to make it digestible, is found to disagree. In such cases the child begins very quickly to waste and to show all the signs of defective nutrition. The general symptoms may be divided into three classes, according as to whether the prominent feature is constipation, vomiting, or diarrhea.

Cases where *constipation* is a marked symptom are generally found among young infants. The patient is restless, and begins to be feverish at night. His tongue is coated with a thick white fur. He is evidently in a state of great discomfort; for his temper is peevish and fretful, his movements are uneasy and jerking, and he occasionally breaks out into piercing cries, drawing up his knees and twisting about his body under the influence of abdominal pain. At night the griping is especially violent, and the child scarcely sleeps at all; or, if he be quiet for a moment in uneasy sleep, he soon starts up again screaming with a fresh attack of pain. The motions are scanty and rare. The bowels sometimes remain confined for twenty-four hours or longer; and when they are at last relieved, hard clay-colored balls, stained with green mucus, are expelled with great effort and straining. These balls consist of masses of hard curd.

A full dose of castor oil, which clears away the curd, allays the symptoms for a time; but usually, if the milk diet be continued without any change, they return in a day or two, and the child is in the same distress as before. Violent convulsions may be induced by this cause, and the child's life be put in actual peril.

It is usually in cases of artificial feeding that these symptoms are found; but sometimes, although rarely, we see them in children who are nursed at the breast. When the indigestion is due to catarrh of the stomach it is readily amendable to treatment. All that is necessary is to put a stop to the milk for a day or two, and to clear away indigested curd by a full dose of castor oil. If, however, the fault be in the milk, and not in the digestive organs of the child, some change in the method of feeding is indispensable.

A curious instance of this difficulty in digesting curd in a child fed solely by the breast came under my notice some time ago. I was asked by a gentleman to go and see his child, a little boy of seven months old. I found that the child had been suffering for some weeks from severe abdominal pains. He was excessively peevish and fretful, and at night he would wake up with a scream and twist about his dody, evidently under the influence of severe griping pain. His bowels were very confined, and the motions consisted almost entirely of curd. He was taking nothing but the breast. Aperients had been found to relieve the child for a time, but the symptoms always returned when the effect of the purgative had passed away. Whenever the breast was stopped for a few days he immediately improved, but relapsed as soon as suckling was resumed. The child was evidently suffering from his inability to digest the curd of his mother's milk; and it became a matter of the greatest importance to enable him to do so, otherwise he would have to be weaned and fed in a different way. The mother had herself, by taking saline and other medicines, and by making many modifications in her diet, under medical advice, endeavored to alter the quality of her milk, but without success. Several methods of remedying the evil were tried. The intervals between the times of suckling were increased so as to give a longer period for digestion; but this change had no effect whatever. Alternate meals of barley-water were then given from a feeding-bottle. By this means the quantity of milk taken by the child in the course of the day was diminished, and the interval between the times of taking the breast was still further increased. No improvement, however, followed the alteration. The griping pains still continued, and the constant fretfulness of the child was most distressing to his mother. The plan was at last adopted of giving the child barley-water from a bottle immediately before taking the breast, in the hope that by this means the milk might be diluted directly it reached the stomach. This method succeeded per-

*The chief obstacle to the digestion of cow's milk by young babies is the firmness of the clot formed by its coagulated curd. Mere dilution with water does not affect this property. Under the influence of the gastric juice the casein runs together into a solid dense lump. To obviate this difficulty we must either separate the particles of curd by adding barley-water or gelatine to the milk, so that the casein may be forced to coagulate in a multitude of little clots, or we must partially neutralize the gastric juice by the addition of lime-water.

fectly, and the child had no further unpleasant symptoms. In this instance the infant's stomach was in a perfectly healthy state. The fault lay in the mother's milk, which was too heavy for the child's powers of digestion. Should this happen in the case of a wet-nurse, the nurse must be changed or the child should be weaned and brought up by hand.

In the large majority of cases of milk-indigestion in infants reared at the breast the fault is in the digestive organs of the child; an attack of gastric catarrh having rendered him for the time incapable of digesting his mother's milk. In these cases the indigestion is a temporary failing and is easily remedied by suitable treatment. Without judicious management the derangement may be prolonged indefinitely; and it not infrequently happens that the mother is ordered to wean her baby under the mistaken notion that her milk is unfit for its support.

In cases of gastric catarrh, where the complaint is acute and severe, *vomiting* is usually the most prominent symptom. Under such circumstances milk becomes a positive poison; and no hope of alleviating the symptoms can be entertained while this diet is persisted with. A short time ago I was asked to see an infant two months old, whom I found suffering from acute gastric catarrh and in a state of great exhaustion. She had been brought up by hand and was being fed upon milk and barley-water in equal proportions. This she vomited as soon as it had been swallowed; bringing it up curdled and intensely acid. There was a sour smell from the breath, and, though the disease had only lasted a few days, the eyes were hollow, the face looked pinched, the fontanelle was deeply depressed, and she lay motionless upon the nurse's lap with her eyes half closed. Her hands and feet were cold to the touch and looked purple. For a day or two her bowels had been much relaxed. She was taking small doses of lead and opium, to check the diarrhea, but each dose was returned almost immediately. The child was ordered to be kept warm and perfectly quiet. A weak mustard poultice was applied for an hour to the epigastrium. The milk was stopped, and the child was fed with weak veal broth and thin barley-water mixed together in equal proportions and given cold at intervals with a teaspoon. A few drops of brandy were given occasionally as seemed desirable. As a result of this treatment the vomiting stopped at once and the child, when seen three days afterward, was found to be much improved. The breath had lost its sour smell; the face was no longer pinched; the eyes were not hollow; the fontanelle was not depressed; and when asleep the child closed her eyelids. The motions were still rather watery, although the number was natural. The medicine and diet were continued a few days longer and the child was soon well. The most important part of the treatment in this case was the substitution of veal broth for milk. Directly the supply of fermentable matter was stopped, fermentation ceased, acid was no longer formed, and the digestive organs returned to a healthy condition. Here the derangement was acute. In the following case the complaint was chronic, the inability to digest cow's milk having extended over a lengthened period.

A little girl ten months old, with four teeth, very thin and weakly-looking, had been weaned at the age of eight months. Since that time she had been unable to digest milk, vomiting it at once whenever it was given to her. For nearly two months, therefore, she had been fed on two dessertspoonfuls of farinaceous food made with water into a thick cream, and given every two hours with a spoon. She refused to take it from a bottle. Twice a day the food was made with beef tea instead of with water. After a meal the child often vomited, but when this happened she was immediately fed again. The result of such a diet was to be expected. The child, although ten months old, was exceedingly weak and could not sit up. She was becoming rapidly thinner. She slept very little, whining and crying the greater part of the night. She was said to show no signs of abdominal pain; but the bowels acted three times a day and the motions were relaxed and horribly offensive. The feet were almost always cold.

[TO BE CONTINUED.]

The Treatment of Splenic Tumors.—The inutility of internal remedies in advanced cases of splenic leucocythemia led Kussmaul to try whether the spleen could not be made to shrink up by numerous punctures in different directions. The results are detailed in an inaugural dissertation by his pupil, J. Jäger. A hollow needle, at first a millimeter and afterward a millimeter and a half in diameter, was thrust into the spleen of a patient, aged thirty-eight, suffering from splenic leucocythemia. The depth of the punctures was eleven centimeters. The hope was entertained that the hemorrhages into the substance of the spleen would lead to cicatricial contraction at the spot. The punctures caused the patient scarcely any suffering, but unfortunately the result on the spleen was also *nil*. There was a slight improvement in the course of some weeks, but this seemed attributable to the patient's rest. The spleen did not lessen in size, and the proportion of white to red corpuscles remained much as before the treatment—one white to seven or ten red. But an unexpected effect resulted from the deeper punctures—a considerable increase in the quantity of the urine, lasting for about a day, associated with strangury. The latter commenced an hour after the operation, and continued until the following morning. The specific gravity of the urine was lowered, but it was free from albumen and sugar. Senator has informed Kussmaul that he has also observed polyuria to follow puncture of the spleen. The explanation of the phenomenon is obscure. Kussmaul has also tried galvano-puncture of the spleen, but with no better results. After seven minutes' application the spleen was considerably swollen and painful, but subsequently again lessened in size. On the third application, four weeks after the first, the patient for the first time experienced severe pain in the sternum beneath the spot on which the positive pole had been placed. The patient attributed the pain to the electrode. So far, however, the treatment, if it did no good, did little harm. The same statement can not be made of the next measure employed, which is unfortunately a contribution to toxicology rather than to therapeutics. A gram of a ten-per-cent solution of recently-prepared sclerotinic acid was injected into the spleen. Ten minutes later there was a severe rigor; the legs became rigid and intensely painful, the abdomen retracted, the extremities cold, the face cyanotic, veins of the neck swollen, the breathing quick and purely costal, and the pupils dilated. Consciousness was unimpaired. The tetanoid attack lasted about forty minutes. The temperature rose to 104° F. Abundant sweating followed, with vomiting and watery diarrhea. The patient died a few hours later. The post mortem showed that besides the enlargement of the spleen the medulla of the bones was affected, but there was no dis-

ease of the glands. No trace could be found in the spleen of any effect of the punctures, and there were no adhesions of the organ to the abdominal wall. Death was apparently due to the rapid passage of the sclerotinic acid into the blood, but Kussmaul is inclined to ascribe it rather to the rapid passage of the water containing the acid into the blood than to the acid itself! This was found by subsequent examination to be free from other toxic ingredients.

Mosler has tried the effect of injections of dilute carbolic acid and of Fowler's solution into a chronic splenic tumor. The result in Kussmaul's case led to careful precautions to avoid an untoward occurrence. Considerable benefit is said to have resulted from the treatment, although previous measures had been ineffectual.—*London Lancet.*

Faure's Storage Battery, also Swan's Electric Light in Surgery.—By George Buchanan, Professor of Clinical Surgery in the University of Glasgow (British Med. Journal):

The recent invention of M. Faure has rendered electricity available for surgical use in a way it has not been before. It consists of a cylindrical vessel of lead nine inches high and five inches in diameter, with a leaden bottom, but open at the top; into this is packed a kind of cushion of a material which has the power of absorbing electricity. To this vessel are attached the two poles of a working battery, and as long as the connection is maintained the vessel accumulates the electricity flowing into it. When charged it can be detached from its connection and kept for a long time, or carried from place to place. When required for use the cushion, which should always be kept moist, is wetted with dilute sulphuric acid, and wires connecting are attached to its poles, when it is converted into a powerful battery.

On June 3d I removed a nevoid tumor from the tongue. The nevus was situated upon the anterior half of the right side of the tongue of a young gentleman eleven years of age. It had been in existence for many years, but latterly it had frequently been scratched and then bled freely. As the growth was very vascular and invaded the tongue almost to the middle line, I determined to remove it by the thermocautery. Having occasion to see Sir William Thomson the day before the operation, he offered me the use of a Faure's battery, which had been sent from Paris only a few days before, and on which he was engaged in experimenting to test its value. He was so enamored of its powers that he said, "It is a witch." And now it has the name of the "Electrical Witch" at the University.

In driving to my patient I called at Sir William's laboratory and got with me a battery which can easily be carried in one hand, and without the least difficulty. After having put the patient under chloroform, I attached its poles to a platinum wire ecraseur, and removed the tumor without a drop of blood.

This contrivance which enables one to carry stores of powerful electricity in a jar no bigger than an ordinary preserve-meat tin, will render the use of electricity much more extended than heretofore. Supplies of these cumulative jars are being sent from Paris, and can be charged by any kind of battery to which they are attached.

Swan's Light. This light is specially useful in examining parts of the body or tumors, which we wish to test by transmitted light. I have under my care just now a man who is compelled to be in the recumbent posture, from a severe fracture of the thigh. He has also a tumor in the scrotum with all the characteristics of a hydrocele; but is was almost impossible to judge of its translucency in consequence of its being bound down to the groin, and being of very old growth was intersected by bands which made it more or less opaque. It was impossible, in the man's fixed position, to get a candle or lamp placed so as to judge of its translucency. At the same time as Sir William Thomson offered me the battery before alluded to he suggested that Swan's light might be used for surgical investigations. He kindly provided me with a very powerful battery of the ordinary kind, sent his mechanic assistant to fit it up in my ward, and gave me a Swan's electric light lamp. This is a globe of glass about an inch and a half in diameter, containing a filament of carbon wire twisted into a loop, which when rendered incandescent by the battery, gives out a powerful light. This globe, which is held by a handle of glass tube about four inches long, can be placed in any position; and, as it is not heated beyond what can be easily borne by the skin, it can be placed in actual contact with the tumor in any place without danger of setting fire to the bedclothes. It proved most successful, for even in the ward of the hospital, where the bright sun could not be effectually shut out, the translucency of the hydrocele was made apparent to every student.

Massage in Hepatic Congestion.—The subjects apparently most prominently before the profession at present are nerve-stretching, abdominal surgery, hypnotism, and lastly, massage. The range of this latter means of treatment appears rapidly extending, and the latest condition suggested as furnishing an indication for its use is hepatic congestion. Dr. Durand-Fardel (*Bull. Gén. de Thérap. Méd. et Chirurg.*) claims that in simple congestion of the liver massage of that organ has proved of value in his hands. The treatment is begun by at first subjecting the abdomen to slight general massage. The region of the liver is then subjected to slight massage, more particularly over the more affected portion. Deeper and deeper pressure of the liver is then made, it being slightly percussed from time to time. Its border is then grasped by the hand as well as can be done through the abdominal walls, and rather firm pressure made upon it. These manipulations are said to be generally pleasant to the patient, and to be followed by a sense of well being. These manipulations may be of value in hepatic congestion of itself; at the same time it is possible that all their effects are due simply to the mental impression made on the patient. The evidences of local peritonitis should be a contra-indication of these manipulations which are otherwise likely to be of value.—*Chicago Med. Review.*

Artificial Peptone.—Dr. Geo. B. Fowler reports, in the Medical Record, some cases showing the value of artificially-digested meats in phthisis and other wasting diseases. About six months since, after many experiments, a product was obtained, by artificial digestion of meat, which is made as follows: An infusion of the fourth or digestive stomach of an ox, acidulated with hydrochloric to .2 of 1 per cent is made. To one pound of finely-chopped lean meat one pound of the acid infusion is added. This mixture is then kept at a temperature of about 37° C. for two or three hours, being agitated in the meanwhile by a special mechanism. At the end of this time a perfect solu-

tion of the meat is effected, and it is found that there is less than seven per cent of solid residue, which consists principally of fibrous tissue. The whole is now carefully neutralized by sodium bicarbonate CO_2, Na^o is driven off, and sodium chloride CO_2 remains in solution. The whole is finally concentrated to one eighth the original weight of the meat employed. This preparation of peptone is of a dark color, of a thick molasses consistency, has an agreeable beefy odor, and is very pleasant to the taste. It responds to all the tests for peptone, and on account of the manner of its preparation it evidently contains *all* the constituents of lean beef. A thoroughly digested substance like this has manifold advantages which any one familiar with the laws of digestion and absorption can readily appreciate. Since a sufficient supply of peptone has been obtainable he has constantly employed it and is happy to say that his expectations as to its nutritive value and superiority over the usual beef extracts, etc. have been fully realized.

Treatment of Bronchiectasis.—By C. Theo. Williams, in British Med. Journal:

The chief principles to be kept in view are, (1) the prevention of fresh catarrh; (2) the stimulation of the walls of the bronchi, so as to bring into play any muscular tissue that remains; and (3) the improvement in the character and amount of the bronchial secretion.

The first point is arrived at by keeping the patient as far as possible in an equable atmosphere, and at the same time bracing his frame and power of enduring changes of atmosphere by cold sponging and salt baths, warm and cold. There is no doubt, too, that cold affusion is a very effective way of stimulating respiration and expectoration, and thus attaining the second point of treatment. In many cases the most effective evacuation of the bronchial tubes takes place after the morning sponge-bath; and the chief good of the douches applied by our German brethren to the chest lies in the deep inspirations and expirations which they induce, these promoting expectoration. Stimulation of the bronchial muscle is difficult in bronchiectasis, because often very little of the muscular element remains; but it should be attempted by aid of strong expectorants and diffusible stimulants. These may be introduced either by the stomach in form of spiritus etheris, carbonate of ammonia, oil of turpentine in capsules, tinctures of benzoin, tolu, senega, and larch, capsules de goudron, and such like; or directly to the air-passages, by the use of handball spray-apparatus containing solutions of ipecacuanha wine, tar-water, and carbolic acid. But according to my experience these have proved of little avail, chiefly because cold fluids are uncongenial to a congested and inflamed mucous membrane; and, on the other hand, warm inhalations appear to penetrate far deeper into the air-passages and are more soothing to the patient. The best forms are compound tincture of benzoin (two drams to the pint of boiling water), oil of turpentine (twenty-three to thirty minims), thymol, pinus sylvestris, and juniper, inhaled night and morning from a pint-jug with a wide mouth, with a napkin arranged like a funnel to conduct the vapors to the patient's nose and mouth. The third point is best attained by antiseptic inhalations, such as glycerin of carbolic acid (two to four drams to the pint), creasote (ten minims to the pint), tar-water, all of which tend to correct the fetor and to reduce the amount of secretion.

It has often occurred to me that the ordinary methods of inhalation are very imperfect modes of applying remedial agents to the lungs. The effort of inhalation, and even of using sprays, is very fatiguing to the patient, and prevents their application more than two or three times daily. A far better way would be to impregnate the atmosphere of a chamber with a very small percentage of the required drug, as well as warming and moistening it so that the patient could continually inhale it without effort. Wire respirators, arranged to cover both nose and mouth, between the layers of which lint and sponge soaked in various solutions are placed, have also proved beneficial in cases of bronchiectasis. When, however, none of these means enable the patient to get rid of the accumulating secretions, what is to be done to prevent death by septicemia? Are we justified in tapping the bronchiectasis? Assuredly we are, if we can be certain that the dilatation is limited to one set of bronchi, and is not a general condition of the bronchi of both lungs. In too many instances this latter is the case, and then operation is useless. Emetics may be resorted to as an occasional measure of relief, but such a general dilatation of the bronchial tree is a hopeless condition with which to deal. The dietary ought to be most generous, including a fair amount of stimulant in the form of brandy or whisky, which, mixed with warm water, assists expectoration. The marine stimulating climates do most good in these cases.

Midwifery in Private Practice during Forty-three Years.—In a paper read before the Pathological Society of London, May 3d, Dr. George Rigden said (Medical Times and Gazette) that 5,682 mothers were delivered of 5,757 children, viz. 2,947 males and 2,804 females; 65 were twin cases, and there were 2 cases of triplets; 5,422 children presented by some part of the head including the face, 156 presented by the breech, 89 by inferior, and 84 by superior extremities. There were 45 placental presentations included in the above. Stillborn children numbered 255, 165 being premature; 105 had been dead some time. There were 759 forceps deliveries; in 2 cases craniotomy had to be performed. Previous to 1860, forceps were used only once in 222 cases, while in the last twenty years they were used about once in 15 cases. The proportion of still-births was but very slightly diminished during the latter period; the author attributed this slight advantage rather to greater experience than to the more frequent use of forceps. There were 13 maternal deaths; viz. 2 from puerperal convulsions, 5 from peritonitis, 2 from heart-disease, 1 from fright, 1 from cancer of the tongue in an advanced stage, 1 from bronchitis, and 1 from scarlet fever.

Dr. Edis thought that great credit was due to Mr. Rigden for his exceedingly low maternal mortality. It was curious that the proportion of still-births did not seem to tally with the change from ergot to forceps. He believed that the timely use of forceps diminished materially both infant and maternal mortality, especially in large cities.

Belladonna in Pertussis.—Dr. Jacobi considers belladonna the most useful drug yet used in hooping-cough. To be of service, however, it must be given in doses sufficient to produce flushing of the cheeks; the quantity being gradually increased, as toleration is established.—*Chicago Medical Journal and Examiner.*

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J. W. HOLLAND, A. M., M. D., ... Editor.
H. A. COTTELL, M. D., . . . Managing Editor.

HOMEOPATHY.

Of the several methods adopted by writers to show up the fallacy of Hahnemann's dogmas, that by argument has had least effect on the laity, that by ridicule the most. Many reams of paper have been covered—we had almost said wasted—by logical expositions, such as the Lancet has recently spread before its readers. The scientific mind was long since satisfied as regards the philosophic weakness of the law of similars, while the experimental tests in the hospitals of Vienna and Paris have settled the inquiry for students of an empirical turn.

Practitioners are most concerned to convince the laity, who for their part are not at all interested in an argument which they look upon as technical, and therefore beyond ordinary comprehension. Born of the reaction against heroic medication, the gentle practice by infinitesimals has been acceptable to many, because, with the form and pretensions of a science, it seems to accomplish by pleasant means what the people have been accustomed to consider the peculiar effect of disagreeable ones. When the average patient has revolted against nauseous drugs, he does not stop to consider the scientific merits of Hahnemann's dream of similars, of potencies, of trituration before committing himself to the alluring dispenser of sugar pellets. If this dispenser is an enterprising man of business, with a good address and mother wit to back his brazen forehead, these dreams may get a wonderful run for a while in a community disgusted with quinine and Crab Orchard salts. In the event of an indication arising for positive medication, a shrewd fellow can without detection resort to measures not set down in his professions, but based upon the broad sanction of experience.

The infatuated believers, whom argument can not reach, have been sometimes influenced by the touch of satire, as the eighteenth century was affected in its opinions more by the keen shaft of Voltaire's wit than by the very learned criticism of the philosophers. When the view that science takes of it is winged by humor and fancy, as in many parts of the "Breakfast Table" series, it may find its way through the most stolid intellect.

At the recent meeting of the Massachusetts Medical Society Dr. Holmes read a poem in which he makes the following allusion:

> "Munchausen's fellow-countryman unlocks
> His new Pandora's globule-holding box.
> And as King George inquired, with puzzled grin,
> How—how the devil got the apple in,
> So we ask how—with wonder-opening eyes—
> Such pygmy pills can hold such giant lies."

Fun like this will sometimes carry conviction to those who turn a deaf ear to the thunder of the London Lancet.

Ignorant of the fact that most ordinary ailments are self-limited, and that the tendency of specific fevers is toward recovery even when unaided by art, those who call homeopathy to their aid simply note that they and their neighbors sometimes get well with less discomfort when taking sweet infinitesimals than when nauseous drugs are administered. If in a liberal mood they

concede the curative power of the two "schools" to be equal, still they and their house prefer the pleasanter road to health. If a hater of shams and errors ventures in print to show that conclusions based upon such a narrow field of observation, taken too by one unused to the scientific method, are probably nearly always erroneous, and in this case certainly so, he gives an opportunity for gratuitous advertising, which a wide-awake homeopathist is quick to seize on. Well aware that martyr-blood is the seed of the Church, the quack rushes to the secular press, courting what he calls persecution. If a "regular" should descend into the arena with him, his fortune will be made. The sympathy that humanity usually has for the under-dog in the fight is counted on by the would-be object of the attack as a substantial gain, though the war of words may bring defeat to his side of the debate.

The Anglo-Saxon race is given to taking sides on every question. If a contest, however insignificant in reality, be kept up long enough to attract general notice, we are apt to array ourselves as if it were a public matter. Sometimes it is the Tichborne claimant, or it may be a war between foreigners, or a fasting doctor. All England and its provinces have lately been interested in the controversy which grew out of the consultation over Lord Beaconsfield that Dr. Quain had with Dr. Kidd, who was at one time a professed homeopathist, though now and for several years practicing "regular" medicine. It appears the doctors have been disposed to condemn Dr. Quain, while the Queen is about to reward him with a title. Our English exchanges have been full of the debate, and in its course have gone over the whole ground of homeopathic doctrine and practice, as well as the ethics of consultation. The most clear statement of the entire case that has met our eyes will be found in the letter of our London correspondent. The bitterness displayed toward Dr. Quain by the Lancet has been paralleled later by attacks upon Mr. Ernest Hart, because of the course he took in this affair as editor of the British Medical Journal. So far as our intercourse with doctors enables us to judge, Mr. Hart expressed in his editorials the opinion of many fair-minded men when he maintained that Sir William Jenner had been too punctilious in declining the consultation, and Dr. Quain had done all that the most exacting censor had a right to demand. Our correspondent hints at a private grievance as the cause of the onslaught of the Lancet. It looks to us as if personal prejudice had much to do with the strictures on the part taken by Mr. Hart. Now that the smoke and dust of the battle have been blown away, one who was in the thick of the fight sends us this account of it. As the writer suggests, it will be found to contain an anti-homeopathic argument that will reach the most indifferent thinker. At the bedside of one whose life is of national importance, responsibility presses the medical attendant down to the solid rock of true science, where alone he can feel his foothold sure. Jugglery and fantastic speculation can not bear the fierce light which beats upon the man who has a charge like this. In his extremity Dr. Kidd, with commendable candor, distinctly disavowed having used homeopathy in this case, and declared his readiness to adopt any measures which the better science of Dr. Quain might dictate.

Doctors who have gone over the whole field of medical science, and investigated the claims of the so-called "systems," finding nothing in them worth having which general science may not include, are disposed to regard the "system-monger" as either a fool or a quack, and are slow to receive him into the fold after he has once profited by professions of an exclusive "system."

There are many homeopathists who are honest; and when one makes a public recantation like Dr. Kidd's, it should be taken at its face-value, and the newly enlightened be recognized as so far worthy professional affiliation. As long as the motives of men are beyond our ken, if they speak and act fairly we must take them at their word.

THE editor of the Medical Record has been making a psychological study, which, because of its appropriateness to the foregoing, is quoted in full:

THE expansion of the homeopathic mind is well illustrated by the course of our esteemed contemporary, the New York Medical (*née* Homeopathic) Times. Since it dropped the title "homeopathic" it has been studying to exclude that objectionable word altogether from its columns. And it has even been referring to the American Institute of Homeopathy as the "Institute," adding of course the annual announcement that it is the "oldest national medical organization in the country." The Times still thinks us trammeled by the absurd traditions of the past, and we think the Times and its contributors ought to learn pathology. But progress is affecting every thing. It has affected our esteemed contemporary, and we will yet see it print reports of our Pathological Society. The editors announce that they will practice hereafter as regular physicians. The rule (not law) of similars will be used in selecting remedies only when such rule seems advisable. The homeopathic materia medica, we are told, is largely an imaginative work; it contains a frightful bulk of non-essentials and unproved statements. They believe in no medical dogmas, and assert that medical knowledge and skill are the only tests of the physician. Homeopathy as a distinct school of medicine has ceased to exist among educated men. This is what the Times says, or means, and we can say no more.

AN act has been passed for the benefit of Chicago, requiring an inspection and approval by a health commissioner of plans of every house to be built, in respect to ventilation, sewerage, and plumbing. Plumbers' work must be inspected and approved. Failing to meet the commissioner's approval a building will be prohibited and plumbing work condemned.

ERRATUM.—In our last week's issue, page 12, second sentence, occurs the following appalling blunder: *Sodium bicarbonate*, CO_2, Na° *is driven off and sodium chloride*, CO_2, *remains in solution.* The clause should read: *Sodium bicarbonate*, H Na C O_3. C O_2 *is driven off and sodium chloride remains in solution.*

In the dog-days even the best of proof-readers sometimes nods.

Correspondence.

LONDON LETTER.

FROM OUR SPECIAL CORRESPONDENT.

Editors Louisville Medical News:

Circumstances have lately occurred here in connection with the death of Lord Beaconsfield which have raised a professional question of large importance, of which no doubt some of the echoes have reached you. I pass over the details of Lord Beaconsfield's illness, with which the public have been more than associated, in order to outline the position at the present moment which has arisen from Dr. Quain having met in consultation Dr. Kidd, a reputed homeopath, who was Lord Beaconsfield's medical adviser. Dr. Kidd, it should be stated, is a physician not attached to any of our hospitals, except that he has, I believe, held some sort of position in connection with the homeopathic hospital. He has for many years done a great general practice, as it is called, and for many years was an avowed homeopath. He had very long ago disavowed infinitesimal doses, and had long since taken the position that while the ordinary rational principles of medicine accepted by the profession at large are those upon which the practice of medicine must be based, there are collateral principles concerned in the administration of drugs and their action on disease which the profession at large have not adequately recognized, and upon which homeopathists (so called) were in modern times first to lay sufficient stress. Thus he accepts the rule that opposites are cured by opposites, and that the cause must be removed in order to remove the effect; but he believes, with Hippocrates, that there is a law, however it may be interpreted, in virtue of which a considerable number of remedies relieve in full doses the conditions which they produce in small doses, and that in this sense there is also in therapeutics a law of similars. Thus he points out remedies which in large doses produce sweating, and in small doses check sweating; remedies which in large doses produce narcotism, in small doses produce excitement; remedies which in large doses produce giddiness may in light doses be used to cure giddiness; and he points to numerous examples in the materia-medica books of Bartholow, Sidney Ringer, and of Phillips in which this so-called law of similars is accepted and adopted in practice. Thus he claims to be an eclectic physician.

Now we have in England a great horror of eclectics, a wholesome fear of quacks, a great dislike to special pathists of every kind, and a great unwillingness to credit them either with goodness or with honesty. Thus many suspicions cling to any person who has at any time of his career adopted any special title, or who does not entirely repudiate all connection or sympathy with the special sect in medicine, and this suspicion hangs about Dr. Kidd. Dr. Kidd for some years attended three of the members of the last Cabinet; and thus three men of most powerful mind and political leaders of their period—Lord Beaconsfield and the two who contested the Tory leadership after his death, Lord Salisbury and Earl Cairns, Lord Chancellor.

When Lord Beaconsfield was ill, during the congress at Berlin, Dr. Kidd was telegraphed for to attend him; and when he was taken ill on this occasion he was quickly sent for. As the illness began to assume a serious, dangerous character, the Queen and other of Lord Beaconsfield's friends were desirous that further consultation should be had. Sir William Jenner was applied to by Dr. Kidd, who declined to meet him, writing the following letter:

> Holding, as you and I do, different views as to practical treatment, I do not think Lord Beaconsfield's interest could in any way be served by our meeting in consultation; on the contrary, it could not be without risk to him.

This subsequently transpired, but it was not known in the profession until later, and, as it turned out, however Sir Wm. Jenner might have been distinguished on other accounts, in declining to meet Dr. Kidd he was not justified on this account, as the sequel will show.

Lord Barrington, the Queen's Chamberlain, called upon Dr. Quain, informing him that it was the Queen's wish that Lord Beaconsfield should have further advice, and that a physician should be called in in consultation with Dr. Kidd, without acquainting him, however, that there had at any time been a question of consulting any other physician than himself. Dr. Quain replied that he feared he could not meet Dr. Kidd, as he was reputed to be a homeopathic practitioner, and Lord Beaconsfield was understood to be under homeopathic treatment. To this Lord Barrington replied that Dr. Quain was in error; that Dr. Kidd had for many years abjured homeopathy, and that he was treating Lord Beaconsfield by the usual remedies in the usual manner. Dr. Quain thereupon called on Sir George Burrows, the last president of the College of Physicians — the most prudent, sagacious, and public-spirited of the leaders of medicine— and on Sir Risdon Bennett, the then president of the College of Physicians, and stated to them the facts. Dr. Kidd is a qualified M.D. of a British university and a registered practitioner, and both Sir George Burrows and Sir Risdon Bennett were of opinion that, this being so, if Dr. Quain were authoritatively assured and satisfied that Dr. Kidd was treating Lord Beaconsfield upon rational principles, and with ordinary medicines in ordinary doses, he would not be justified in refusing his assistance in consultation. Dr. Kidd gave in writing the assurance that he was and always had been treating Lord Beaconsfield with pharmacopeial remedies in pharmacopeial doses, and upon the ordinary scientific principles of medicine; that he had for many years not been what was called a homeopathist, that he had no faith in infinitesimal doses, and that he only used medicines as every physician used them, his practice agreeing with such men as Ringer, Wood of Philadelphia, Phillips of Westminster Hospital, and others, who all agree that there is a certain law of similars withal. A considerable number of medicines are now known to cure in large doses symptoms which they produce in small doses, and *vice versa*. The assurance which he gave that he was treating and always had been treating Lord Beaconsfield according to the ordinary principles and practice was supplemented by a written undertaking faithfully to follow all the directions which Dr. Quain might give, and to carry out his orders sincerely and in all respects.

Under these circumstances Dr. Quain met Dr. Kidd in consultation; and he had the further approval in doing so of Sir James Paget and of Sir Thomas Watson, who may be considered to be the official heads of medicine and surgery in this country, and, I think I may add, of that enormous bulk of the medical profession. For my own part, I must say at once that, having very extensive personal acquaintance with the leading practitioners of medicine, I have hardly found one who could condemn the conduct of Dr. Quain in this matter.

At the next meeting of the College of Physicians, as many misstatements were rife, Dr. Quain reported what had occurred, by permission of the president. This happened to be also the meeting for the election of a new president for the College, and it had

been arranged among the Fellows that Sir William Jenner, who had refused to stand for the presidency five years before, but who had now consented should be elected. The election of Sir William Jenner, it is needless to say, was a foregone conclusion. He had been urged to accept the presidency of the College in the strongest manner five years before, when Sir Risdon Bennett was elected; and the moment it became known that Sir William Jenner would now consent to be president his election was a matter of certainty; and there was of course no opposition, except that a slight canvass had been made for Sir Risdon Bennett, who was desirous, it was understood, of exceeding the usual term of five years by getting one year's additional appointment, in order to enable him to preside over the Committee of the International Medical Congress. The Fellows, however, were not at all disposed to prolong Sir Risdon Bennett's term of office, and Sir William Jenner was elected, as had been arranged some months previously.

At this meeting, however, Dr. Quain having made his statement, Sir William Jenner, who is a singularly impetuous and irascible person, thought it well to rise, and, with some considerable excitement, to say that he must be excused for saying a word, but that if Dr. Quain was right he (Sir Wiliam Jenner) was wrong, and deserved the censure of the College. Now, as a matter of fact, it was right that Sir Wm. Jenner was wrong—wrong at any rate in the reason which he alleged, if the course was justifiable upon another basis. It was clearly and distinctly not a fact that the treatment which was being pursued in Lord Beaconfield's case was such as to render consultation useless or unprofitable. The treatment was by calomel, by amyl nitrite—by ordinary medicines in ordinary doses, and a consultation could have been, and must have been, not less profitable in this than in any other case to which the physician could be called. Sir Wm. Jenner had a right, if he chose, to decline to meet Dr. Kidd on personal grounds. He might, if he chose, consider that he was scientifically dishonest, or that he was for any other reason objectionable to him; that he declined to meet him; and in that view there would be many, and there are still many, who are of opinion that by refusing to meet Dr. Kidd Sir Wm. Jenner conferred a benefit on his profession.

It is of course open to argument whether this is not a somewhat bigoted view. A phyician is called upon in such cases to execute a public duty, and for my own part I can see nothing whatever in Dr. Kidd's position which could have justified any one on personal grounds from meeting him; still less do I think any physician, under circumstances of such importance, and where a life of such value was at stake, declining on a scruple which was at least dubiously grounded and imperfectly established, was justified, I say, in refusing to render necessary aid—aid of incalculable importance to a life which the whole nation so deeply valued.

It happened, however, that for private reasons which are known in the profession, but into which it is needless to enter, the Lancet has a great grudge against Dr. Quain, and it took this opportunity of making a violent personal attack, and hounding on the general practitioners with the cry that he had met a homeopath and betrayed the profession. At first this journal affected to disbelieve that Dr. Quain had taken the advice of any one, and asked with incredulity who were the persons who had recommended the course which he adopted. When the names were announced it shifted its tactics; and refusing to place any responsibility on these distinguished leaders of the profession, whom it dared not insult and attack, as it thought itself safe in the case of Dr. Quain alone, and it endeavored to rouse bitter and vindictive feelings against him who in the opinion of the great mass of the profession deserves the highest praise for the clear, sound view which he took of a public duty, and for having saved the medical profession from the odium of refusing, on the ground of a mere empty formula which had no application to the case, to render his assistance so sorely needed, and the chance of preserving an illustrious life. It was not true that Dr. Quain had met a homeopath; it was not true that he had sacrificed any of the principles of rational medicine or any of the honor of physicians. What he had done was to require an unequivocal statement from the physician in charge that he was not treating the patient only on homeopathic principles; that he was prepared to fully abide by and would follow in every respect his directions for the welfare of the patient. He had forestalled one of the ablest physicians by the bedside of the patient, and by so doing he had clearly inflicted the severest possible blow upon the pretensions of so-called homeopaths. He had declared his contempt for, and his disbelief in, homeopathy. He required a written repudiation of homeopathic doctrines or treatment from the so-

called homeopath in attendance, and, having secured that, in the face of the world he had placed rational medicine in its true position as the savior of life; as the honest, open, merciful intervener in all cases where medical help was needed. If any man ever deserved credit for courage, clear-sightedness, faithfulness to the great principles of medical duty, and a recognition of what was due from the profession to the public, Dr. Quain was the man, and the whole profession recognize that claim.

An attempt has been made by a few insignificant persons to dispute that position, and to misplace the argument by trying to rouse the smoldering animosities and the predjudices of sour-minded men; but that attempt has utterly failed, and the present result is that homeopathy has received a blow from which it will never recover, while rational medicine stands before the world justified by Dr. Quain, both in its scientific claims and in its claim to respect and admiration as a profession which at once knows its own duties and its own claims, and is mindful of the claims of homeopathy. The Medical Times and the British Medical Journal have alike supported Dr. Quain in the view which he has taken, and the whole profession are with him in that view, with the exception of a few persons who have allowed themselves to be misled by the clamor of the Lancet, and who follow what is supposed to be a popular cause. In the end, however, the class is too large-minded and too sensible to allow itself to be led away by any such clamor; and the result has been already that a few persons who have gone about privately endeavoring to stir up something like joint action against Dr. Quain among medical students have signally failed and met with the rebuke which their conduct deserved.

It is not unlikely that the whole circumstance may be misinterpreted abroad, especially in America, by American physicians, who, reading the American reprint of the Lancet, see only the misrepresentations current in its pages, and without knowing all the real facts of the case. This letter is intended to put forward the whole truth of the matter, and to let you know what the profession here has really done and thought of in the matter. The Lancet vainly endeavored to prosecute a personal animosity under the cry of the public good, and vainly endeavored to drag the profession through the mud. It has, it is true, signally failed; but that failure may not be as evident abroad as it is in Great Britain.

Medical Societies.

MITCHELL (IND.) DISTRICT MEDICAL SOCIETY.

The Twenty-third Annual Convention of this society met in Columbus, June 28, 29, and 30, 1881.

This meeting, in point of numbers, was probably the most successful that the society has ever had, over one hundred members being present. It was also successful in obtaining a goodly number of interesting papers. The only flaw we could find was in the meagerness of the discussions. The presiding officer, through an ill-grounded fear that there was no time to be lost, cut off the debate from nearly all the papers read on the last day. There was consequently a great deal of dissatisfaction expressed on the part of many of the members at the unnecessary hurry.

The address of the retiring president, Dr. J. W. Gerrish, of Seymour, was a thoroughly-considered paper of many pages. It evoked an interesting discussion on what the doctor called Typho-malarial Fever.

The following papers were read before the society:

Carbolic-acid Poisoning, by Dr. W. F. Hamer, of Jonesville. This paper will appear in the NEWS.

Constipation, by Dr. J. F. Wright, of Columbus. This was discussed by Drs. Groves, Banker, and others.

Puerperal Eclampsia, by Dr. E. P. Easley, of New Albany. The heroic treatment of Dr. E. (sixty grains of chloral and one grain of morphia at a dose) would have elicited some very useful discussion had not the management of affairs been so irregularly conducted. Instead of having discussion immediately following the paper, it was postponed for the afternoon session in order to get in some other business. Drs. Vance and Carson made some few remarks on it, but that was all. In the afternoon of course no more interest was felt in the subject and it was dropped. The paper was a most interesting one, and has been turned over to the NEWS for publication.

Questions on Ophthalmic Surgery, which the General Surgeon must be Prepared to Answer: a Lecture by Dr. Reuben A. Vance, of Cincinnati. This was a very instructive lesson on malpractice and chicanery on the part of specialists. It was believed that specialists are not as thoroughly versed in general medicine as should be required. The lecture, at the request of the society, will be written and published in pamphlet form.

Pelvic Cellulitis, by Dr. T. S. Galbraith, of Seymour. This paper, which will appear in the NEWS in due time, gave rise to a very instructivc discussion.

Chole-lithiasis, by Dr. L. S. Oppenheimer, of Seymour. An exhaustive digest of the diagnosis and treatment of this disease.

Poisoning from Rat-bites, by A. J. Banker, of Columbus. This report, which will also appear in the NEWS, will be found to be exceedingly interesting, and several original observations are noted therein. It was thoroughly discussed by several of the members.

The Effect of the Mind in the Treatment of Disease, by W. H. Lopp, of Columbus. This useful paper will be published in the NEWS in a few weeks.

The following officers were elected for the ensuing year:

President—Dr. G. W. Burton, of Mitchell.

Vice-president—Dr. J. B. Grove, of Columbus.
Secretary and Treasurer—Dr. C. E. Loughlin, of Orleans.

The honor given to Dr. Burton is especially gratifying to all members of the society. He has labored more earnestly and energetically for this society, as well as for the State Society and the Tri-States Society, than any other man in all the ranks, and is certainly fitted to preside over the organization that he has built up almost alone.

The next place and time of meeting will be at New Albany, 4th Tuesday in December, 1881.

LOCAL HEALTH BOARDS.

Being a Portion of the President's Address, S. W. Ky. Medical Association.

[By J. W. Singleton, M.D.]

I shall not consider the unsanitary condition of our large towns and cities, which require the best work of councils and health boards to effect their proper cleansing and purification. It is for the people in our smaller towns and post villages, at cross-roads and in rural districts, all along the byways of life, that we would have watchful eyes to discover, and the strong arm of legal sanitation to remove, every thing that may be calculated to engender disease. There is a popular idea in existence that "living in the country is always the healthiest." There never was a greater mistake. During my medical experience of over twenty-five years I am free to confess that I have seen as many local causes of disease beneath, around, and in farm-houses as I have ever seen any where else, in proportion to the population to be affected by such poisonous surroundings. All country- and village-homes should be cleansed and kept safe habitations for the duties and delights of domestic life. We should have local health-boards clothed with full power for promoting the health of the people. We should have efficient laws enacted by wise State and National governments to sustain the action of the local boards.

The food that we eat and the water we drink should all be subjected to the most careful inspection and scrutiny, that the life may not be poisoned at the fountain. We should have our whole domestic system protected by wise sanitary regulations, and the prosperity of the State substantially advanced by the purification of our homes and the correction of the evil habits of our citizens, that our beloved country may take its stand among the nations of the earth as not only the most beautiful, but the healthiest and happiest nation beneath the heavens. I hate despotism in political affairs as cordially and earnestly as any man can hate it, but in the all-important matter of protecting my fellow-citizens against preventable diseases and premature death I care not how strong the powers of the State and National governments are exercised, so that they are efficient in securing the public safety and happiness. . . .

Any system of statesmanship, so-called, which does not contemplate the sanitary protection and happiness of every citizen from the cradle to the grave, is wanting in many elements of enlightenment. It is not justly entitled to the loyalty, confidence, and obedience of good people, and should be swept away. Such a government is not worth living for, and is not worth fighting and dying for; it is a sham, and should be abolished as peacefully as possible, or made to conform to the responsibilities of its paternal duties to those whom it is in duty bound to shield and protect. If we are compelled as citizens to obey the laws and support our common country, our country must shield and succor us under all circumstances of health or disease to the fullest extent of its power.

Formulary.

COMPOUND DIGESTIVE POWDER.

(*Pulvis digestivus compositus.*)

This is an old preparation, for which formulas are to be found in the older pharmacopeias and treatises. We append two of these. The first is from the Military Pharmacopeia of Copenhagen, 1808, and the second from Guibourt, 1834:

Sulphate of potassa.....	℥ ij;	64.00 Gm.;
Rhubarb.....	℥ j;	32.00 "
Sal ammoniac.....	ʒ iv;	16.00 "

Mix. Dose, half a dram.

Powd. anise seed..... Powd. coriander seed.. Powd. fennel seed.....	āā ʒ xij;	48.00 Gm.;
Powd. cinnamon seed. Powd. lemon peel..... Powd. orange peel.....	āā ʒ iij;	52.00 "
Powd. rhubarb..... Powd. cloves.....	āā ʒ j;	4.00 "
Powd. sugar.....	℥ viij;	256.00 "

Mix. Dose, fifteen to forty-five grains.

—*A. K. H., Phila., in Druggists Circular.*

STRYCHNIA AS A PHYSIOLOGICAL ANTIDOTE TO ALCOHOL.

Dr. Luton (*Bull. de Thérap.*) claims that by fee-quent experiment he has demonstrated that strychnia is the best physiological antidote in cases of chronic alcoholism. He has used hypodermic injections of the sulphate of strychnia in delirium tremens with markedly favorable results, relieving tetanic rigidity and quieting delirium.

This tends to confirm the truth of the stories about strychnia-eating in California noticed some five years since. According to reports made in evident good faith, the practice was resorted to by hard drinkers, and had become almost a fine art.—*Drug. Circular.*

"CHLORALUM" FOR DISINFECTING PURPOSES.

Powd. alum.....	ʒ x;	320.00 Gm.;
Solution of chloride of calcium	fl.ʒ xvj;	512.00 fl.Gm.;
Water enough to complete.....	fl.ʒ c;	3,200.00 "

Dissolve the alum in about four fifths of the water by the aid of heat; add the solution of chloride of calcium; filter, and add enough water through the filter to complete the quantity directed.—*Ibid.*

GLYCEROLE OF ARNICA.

Fluid extract of arnica.....	10.0 parts;
Glycerin.....	20.0 "

For chapped skin, insect-bites, etc.

—*Pharmacist and Chemist.*

Pharmaceutical.

GLYCERIN — ITS GROWING SCARCITY. — The Oil, Paint, and Drug Reporter says that the growing scarcity of glycerin with its consequent advance in price is the result of a combination of two causes—an increased demand for it and a falling off in its production. The increase in demand is to be found in the general use now made of glycerin in medicine and pharmacy, and the large quantities required for the manufacture of nitro-glycerin and oleomargarine. The falling off in supply is to be accounted for by the fact that the candle-makers of Europe are called upon to furnish the whole world with glycerin, and as the candle is rapidly giving way before the cheaper and more elegant kerosene lamp, there are fewer candles manufactured, and of course a diminution in the means for the supply of glycerin. Efforts have been made to obtain the article from the waste lye of the soap-makers' boilers, but the process of manufacture here is too expensive for practical application. Besides rosin, which is a constant ingredient of all the cheaper soaps, destroys the glycerin, or at least renders this means of supply unavailable. Obviously a substitute for glycerin must be found or a new source for its cheap supply discovered.

HOANG-NAN.—The Oil and Drug News thus comments upon this new drug brought to the notice of the profession by Parke, Davis & Co., Detroit, Mich.:

HOANG-NAN.—This is one of the latest introductions, and if a tithe of what is claimed for it prove true, it will merit a very important place in medicine. The reports show it to be possessed of very remarkable properties. Leprosy, rabies, poisoning from bites of venomous reptiles, and paralysis are some of the affections which it is claimed have been relieved by this wonderful drug. These affections have all been heretofore considered incurable, which fact is one of the strongest reasons that the claims of the drug should be further tested in cases which may be presented.

So say we. The man who shall discover a remedy for any one of these maladies will immortalize his name and gain the gratitude of mankind.

DR. HAMMOND, of New York, uses instead of bromides a teaspoonful, well diluted, of a mixture of one dram of bromine in eight ounces of water. Results are like those of the alkaline bromides, barring the acne and ulcers that sometimes attend the latter.

Miscellany.

EXTRACT from a poem read by Dr. Oliver Wendell Holmes, June 8, 1881, at the Centennial Meeting, Massachusetts Medical Society (Boston Med. and Surg. Journal):

Hour after hour the busy day has found
The good physician on his lonely round;
Mansion and hovel, low and lofty door,
He knows, his journeys every path explore,
Where the cold blast has struck with deadly chill
The sturdy dweller on the storm-swept hill,
Where by the stagnant marsh the sickening gale
Has blanched the poisoned tenants of the vale,
Where crushed and maimed the bleeding victim lies,
Where madness raves, where melancholy sighs,
And where the solemn whisper tells too plain
That all his science, all his art, were vain.

How sweet his fireside when the day is done
And cares have vanished with the setting sun!
Evening at last its hour of respite brings
And on his couch his weary length he flings.
Soft be thy pillow, servant of mankind,
Lulled by an opiate Art could never find;
Sweet be thy slumber,—thou has earned it well,—
Pleasant thy dreams! Clang! goes the midnight bell!

Darkness and storm! the home is far away
That waits his coming ere the break of day!
The snow-clad pines their wintry plumage toss,—
Doubtful the frozen stream his road must cross;
Deep lie the drifts, the slanted heaps have shut
The hardy woodman in his mountain hut,—
Why should thy softer frame the tempest brave?
Hast thou no life, no health, to lose or save?
Look! read the answer in his patient eyes,—
For him no other voice when suffering cries;
Deaf to the gale that all around him blows,
A feeble whisper calls him,—and he goes.

Or seek the crowded city—summer's heat
Glares burning, blinding, in the narrow street,
Still, noisome, deadly sleeps the envenomed air,
Unstirred the yellow flag that says "Beware!"
Tempt not thy fate,—one little moment's breath
Bears on its viewless wings the seeds of death;
Thou at whose door the gilded chariots stand,
Whose dear-bought skill unclasps the miser's hand,
Turn from thy fatal quest, nor cast away
That life so precious; let a meaner prey
Feed the destroyer's hunger; live to bless
Those happier homes that need thy care no less!

Smiling he listens; has he then a charm
Whose magic virtues peril can disarm?
No safeguard his; no amulet he wears,
Too well he knows that Nature never spares
Her truest servant, powerless to defend
From her own weapons her unshrinking friend.
He dares the fate the bravest well might shun,
Nor asks reward save only Heaven's "Well done!"

Such are the toils, the perils that he knows,
Days without rest and nights without repose,
Yet all unheeded for the love he bears
His art, his kind, whose every grief he shares.

FIVE hundred children have been taken from the public schools at Atlanta, Ga., on account of the presence of a mysterious disease.

THE KENTUCKY SCHOOL OF MEDICINE—COMMENCEMENT EXERCISES.—The Kentucky School of Medicine held its annual commencement at Macauley's Theater on Tuesday, June 28th. The salutatory address was delivered in excellent style by Mr. James F. Duncan, of Texas. It was well received and very creditable. This was followed by a well-timed speech of Mr. Andrew Barnett, as president of the Board of Regents, in which he conferred upon eighty-five graduates the degree of Doctor of Medicine, and presented the certificates. In conferring the degrees Judge Barnett said the young doctors need not be afraid of not making a living, as there were millions of people on the globe, and all of them likely to take their medicine, and, like Col. Sellers's eye-water, "the more they took the more they would need."

Prof. John Octerlony then delivered the address on behalf of the Faculty. Prof. Octerlony gave a short sketch of twenty years' practice; how the science appeared to grow more noble and sublime, the scope and possibilities greater, and the field of labor increased. The improvements in the methods of teaching have also been largely increased, and the science more easily learned. He then reviewed the different branches of medicine, and the difficulties, dangers, and nature of each.

After the awarding of the prizes the valedictory address was delivered by Dr. Geo. White, of Pennsylvania.

THE PEPSIN TREATMENT OF TAPEWORMS.—A French physician has recently devised a plan for killing the tapeworm which is unique. Foregoing the usual way of harassing him with anthelmintics and cathartics, he proposes to digest him by means of pepsin. It is supposed that the tapeworm is able to live in the intestine because of his power to resist the action of the gastric juice, which is well nigh spent before it reaches him; but when this is reinforced by a liberal allowance of pepsin given for several days, he succumbs to its catalytic power. Thus the victim of tapeworm is to some extent indemnified for the peptones he has lost during the growth of the worm, by receiving in return peptonized tapeworm.

This treatment was tried on a child who had passed segments of a large tapeworm. The pepsin was given in forty-five-grain doses daily for five consecutive days. The child experienced no harm from the drug. Then a proper dose of sulphate pelletierine with castor oil was given, and the discharges showed no signs of the worm. Subsequent experiments with vegetable pepsin (papaine) gave promising results.

This is certainly a scientific mode of treatment, and when we consider its compensating quality our admiration for physiological medicine is raised to the highest pitch.

"OLD MEN" IN THE "GOOD OLD TIMES."—It is very pertinently remarked in The American that there is one point which is too frequently overlooked by writers on historical cases of longevity—the singular difference between our estimation of an "old man" and that of our forefathers. "Old John of Gaunt, time-honored Lancaster," died at fifty-nine; so did James I. Henry VIII only reached fifty-three. The Huguenot Admiral Coligny, whose "hoary hair, all dabbled o'er with blood," is mentioned by Macaulay, and whom his earlier biographer, Lord Huntington, represents as a very old man, was slain at fifty-three, when in these days of Moltkes, Gortschakoffs, Gladstones, Beaconfields, Dufaures, Broughams, Lyndhursts, a man is supposed to be rather on the juvenile side. In point of fact, for our ancestors a man of fifty was old; with us the limit is nearer eighty. It is legitimately to be inferred from this fact that in the first place the average duration of life was shorter in past time than it is nowadays; in the second, that the chances of error in accounts of alleged centenarians were infinitely greater—so that if a man of eighty or eighty-five called himself one hundred or one hundred and ten, his story would be exceedingly apt to be believed.

THE latest news from Vienna is that all the five cases of exsection of the pylorus performed by Billroth and his pupils are dead except the last, which we reported two weeks ago as executed by Wolfer. Death was due not to the consequences of the operation, but to a recurrence of the cancer in other parts of the abdominal cavity.

THE Massachusetts Medical Society has just held its centennial meeting. In honor of the special occasion the programme contained much that was historical and social and very little that was scientific. The lady doctors are still kept knocking at the door.

A NEW clinical lectureship on nervous diseases will be instituted by the French Ministry for Prof. Charcot.

Selections.

On Milk-indigestion in Young Children.—By Eustace Smith, M.D., F.R.C.P., Physician to his Majesty the King of the Belgians; Physician to the East London Children's Hospital, and to the Victoria Park Hospital for Diseases of the Chest (British Medical Journal). Concluded from last week:

A little girl ten months old, with four teeth, very thin and weakly-looking, had been weaned at the age of eight months. Since that time she had been unable to digest milk, vomiting it at once whenever it was given to her. For nearly two months, therefore, she had been fed on two dessertspoonfuls of farinaceous food made with water into a thick cream, and given every two hours with a spoon. She refused to take it from a bottle. Twice a day the food was made with beef tea instead of with water. After a meal the child often vomited, but when this happened she was immediately fed again. The result of such a diet was to be expected. The child, although ten months old, was exceedingly weak and could not sit up. She was becoming rapidly thinner. She slept very little, whining and crying the greater part of the night. She was said to show no signs of abdominal pain; but the bowels acted three times a day and the motions were relaxed and horribly offensive. The feet were almost always cold.

Gastric and intestinal disorders in children often date from the time of weaning, partly because at this time they are apt to be largely overfed with farinaceous foods (and it may be remarked that the phrase "food for infants," with which many farinaceous powders are labeled, has been the cause of very widespread mortality); partly because the change from human to cow's milk is often made abruptly and with little care to make the new diet a digestible one. The heavy curd of cow's milk is often difficult of digestion, even by children ten or twelve months old, who have been accustomed only to the breast; and unless measures be adopted to hinder the firm clotting of the casein, serious dangers may arise. Whatever may have been the cause of the disturbance in the case above narrated, a catarrh of the stomach had been set up which made the child incapable of digesting cow's milk; and the diet adopted as a substitute was one admirably devised for keeping up the derangement. Such a case, which is far from being an uncommon one, is readily treated, however severe may be the vomiting, by restricting the diet to equal parts of weak veal broth and thin barley-water, given cold in small quantities at a time; by warmth to the belly and extremities, by perfect quiet, and by suitable remedies. The best sedative is liquor arsenicalis —half a drop for the dose—given with a few grains of bicarbonate of soda in some aromatic water. After a few days of such treatment the power of digesting milk usually returns. But at first it should be given sparingly, freely diluted with barley-water, and only once or twice in the day.

Looseness of the bowels is a common consequence of milk-indigestion. The stools are not at first watery; for a time the motions are semi-solid and have the color and consistence of soft putty. They may have a faint sour, unpleasant smell, but are not necessarily very offensive. Occasionally the stools are streaked with green mucus, and sometimes with blood, on account of the straining exercised during their expulsion. This condition of the bowels is accompanied by gradual loss of flesh. The child becomes at first flabby, then obviously wasted. If proper treatment be not resorted to, the case becomes one of obstinate chronic diarrhea, or else the child, in its weakly state, falls an easy victim to some intercurrent disease.

Such cases in the early stage—before a regular diarrhea is established—are often spoken of as cases of "inactive liver," the white stools being supposed to be merely the result of insufficient biliary secretion. Cholagogues are, however, in such cases quite useless. A dose of gray powder produces perhaps one dark stool, but afterward the motions are of the same character as before. They are white, because they consist of curd mixed with the farinaceous matter, which is usually given in large quantities at the same time, and their character can only be improved by a complete change of diet. When a chronic diarrhea is regularly established, the cases are frequently called "consumption of the bowels." It is needless to say they have no relation at all to "consumption," but are a purely functional derangement—a chronic catarrh of the bowels excited and maintained by undigested food. The post-mortem appearances, except for the wasting of all the tissues, differ very little from those of health; but in long-standing cases we may find ulceration of the bowels. There is, however, no sign of gray tubercle.

Some years ago I saw in the country a little girl, aged fourteen months, who had been losing flesh gradually for two months. Her friends were in a state of great anxiety about her, as her father had died of consumption. The disease had begun with feverish symptoms and relaxed bowels and the motions had never since been healthy. During the greater part of her illness she had been fed with milk and sago—the latter in large quantities; but for a fortnight before my visit she had taken nothing but pure milk, fresh from the cow. This change in the diet had, however, produced no alteration in the symptoms. I found the child very flabby and pale, although to the eye not very thin. When she was quiet her face was placid looking. She perspired freely about the head and neck. Her fontanelle was of medium size, and not depressed. She had no teeth, and the gums were not at all full. The tongue was rather dry and drab-colored, with a little fur at the back. The abdomen was soft and rather full—not at all tender. The liver and spleen were of natural size, and no enlarged mesenteric glands could be felt. The child had not begun to walk when her illness began. Her joints were inclined to be large. The skin generally was harsh, but there was no loss of elasticity. Temperature in rectum 98°. She had a cough and a little dry and coarse bubbling rhonchus was heard about the back. The bowels were open four times a day. The motions were large, of the color of putty and consistence of soft paste, without offensive smell. The child appeared to have no pain, and, although rather fretful, was not very troublesome.

In this case there was evidently a certain amount of rickets present, shown by the profuse sweating of the head, the tendency to enlargement of the joints, the absence of teeth (at fourteen months), and the weakness of the lower extremities. The temperature, which was only 98° in the rectum (at about 3 o'clock P.M.), was almost sufficient by itself to exclude the notion of tuberculosis; but, besides this, the absence of any pinched look in the face and the elasticity of the skin—for in tuberculosis the loss of elasticity of

the skin is a marked symptom—enabled me to allay the chief anxiety of the mother. The case was evidently one of the class I am describing. The child, owing to a little intestinal catarrh, had a very limited power of digesting milk. The treatment was therefore obvious. Milk was almost entirely excluded from the diet, and the child was fed with whey and cream, veal broth and barley-water, yolk of egg, and "Mellin's food" dissolved in barley-water. She took at first an alkaline solution of iron, with half a drop of liquor arsenicalis, in each dose. This was afterward changed to quinine, dissolved in iron wine, and cod-liver oil; and it was not long before the child was convalescent.

In all cases of functional derangement in children the tendency is to recovery, if nature be allowed her way. This is especially true of derangements affecting the alimentary canal. If the irritant, whatever it may be, which is the cause of the disturbance be removed, the organs quickly resume the normal exercise of their functions. Unfortunately well meant efforts to relieve the distress are often themselves the cause of its continuance. The child is weakly and wasting, therefore he requires nourishment; but the utmost care must be exercised in selecting the kind of food to be given. To continue the supply of fermentable material, when the stomach and bowels are already filled with the products of fermentation, is a certain way of hindering the child's restoration to health. If, on the contrary, we cut off the supply of fermentable matter, unless the strength be too much reduced, recovery follows as a natural consequence. In such cases milk and the ordinary farinaceous foods must for a time be withdrawn from the diet. The best substitutes are those which have been mentioned, viz. weak veal broth and barley-water, in equal proportions; cream and whey, one dessertspoonful to four ounces; yolk of egg (beaten up, in the case of infants, with whey or veal broth); and Mellin's food for infants, dissolved in barley-water or in equal parts of this and whey. Veal broth or chicken broth is better than beef tea, for the latter is often irritating to the digestive organs of young children, especially if there be any diarrhea.

Sometimes, when cow's milk can not be digested, ass's or goat's milk is more successful; and sometimes a child much reduced by digestive disturbance dependent upon an unsuitable dietary at once recovers when put again to the breast. More often, however, milk of any kind seems to act as an irritant poison, and no hope of relief can be entertained until it is excluded from the diet.

A Premonitory Symptom of Uremia.—Dr. Ortelle states that uremia is one of the possible modes of termination of uterine cancer, occurring as a consequence of the obstruction of the ureters from the growth. A premonitory symptom of this condition is the sudden and total disappearance of all pain. Dr. Ortelle further asserts that uremia is not a poisoning—that is, an alteration localized in the blood or one of the principal tissues—but is a cachexia—that is, a general trouble involving all the organs.—*La France Médical; London Practitioner.*

Scarlatina from Infected Milk.—At Halifax an epidemic of scarlet fever has been traced to infected milk. Of the eighty-two families supplied by a certain milkman, forty-five were attacked. It was discovered that the milkman had five children ill of the disease at the time.—*Med. Times and Gazette.*

Antiseptic Inhalation in Pulmonary Affections.—J. G. Sinclair Coghill, M.D., F.R.C.P.Ed., in British Medical Journal:

The objects of treatment are: 1. To lessen secretion; 2. To promote evacuation of what secretion is formed; 3. To disinfect the air which may pass into surrounding or deeper healthy portions of the lungs. Again he says, "Besides acting as disinfectants, antiseptic inhalations promote expectoration by increased energy of expiratory acts." Dr. Burney Yeo also recommends antiseptic inhalations, "if they have only the effect of temporarily cleansing, as it were, the pulmonary surface. It is a process analogous to that of washing away the decomposing discharges of a foul superficial ulcer." Dr. Clifford Allbutt has broadly stated, and as truthfully, that "most phthisical patients die of septicemia; and the arrest of this daily repoisoning is a primary object of treatment." Antiseptic inhalation again assumes a still more important position, if the latest pathological theory of the contagiousness of phthisis through the respired air be well founded. . . .

The apparatus is extremely simple. It consists of a space for a pledget of tow or cotton wool, inclosed between the perforated surface of the respirator and an inner perforated plate, which can be raised so as to permit the tow to be saturated with the antiseptic solution. Elastic loops are attached to pass over the ears and retain it in position. The inhaler may be procured either plain or of a slightly smaller size, and covered with black cloth for wearing out of doors. The pledget of tow, which may be changed once a week or so, sprinkled with from ten to twenty drops of the antiseptic solution, from a drop-stoppered vial, twice a day at least, according to the extent to which the inhaling may be carried on. Of this the patient is the best judge, and the length of time and quantity of solution should be regulated by tolerance and effect. The most important times for inhaling are for an hour or so before going to sleep at night, and after the morning expectoration, which leaves the suppurating surface or cavity dry to be acted upon—disinfected, so to speak—by the antiseptic vapor. A great many of my patients have of their own accord come to use the respirator almost continuously day and night from their experience of its good effects. I attach the utmost importance to the mode in which the respiration is conducted while inhaling. The patient should be carefully instructed to inspire through the mouth alone, and expire through the nose. In this way the breath is drawn through the saturated tow in the perforated chamber of the inhaler, and passes directly into the lungs laden with the antiseptic materials. Expiring through the nose only necessarily involves a complete circulation of the medicated air. The breathing should be short at the beginning of the inhalation, but gradually deepened, so as to displace and affect the residual air in the more distant portions of the lungs. This form of respiration itself is not only of great use in favoring the circulation of the blood in the lungs, and thus aiding both local and general nutrition through that fluid, but it helps very much the expulsion of the sputa by means of the increased energy and thoroughness of the expiratory acts. . . .

After many trials of the now formidable list of antiseptics, I find that carbolic acid, creasote, and iodine, in combination with sulphuric ether and rectified spirits of wine, are the most efficacious and satisfactory. The want of volatility in boracic, salicylic, and benzoic acids, and their salts, proves a bar to their

employment by this method. Dr. Horace Dobell, who has had a very favorable experience of this treatment, writes to me that he has found thymol, in the form of Shirley's thymoline, very grateful and efficient in many cases where the smell of carbolic acid and creasote was intolerable either to patients or to their friends. Of the three antiseptic agents I chiefly use, I find iodine most useful in the second stage of phthisis, when the expectoration is passing from the glairy into purulent character. I use tincture for inhaling purposes made with sulphuric ether instead of spirits of wine, and this ethereal solution has a singularly soothing effect on the cough and pulmonary irritation. In combination also with carbolic acid as carbolized iodine, or iodide phenol, it is extremely useful in the purulent expectoration accompanying the resolution of pneumonia, both catarrhal and croupous. In the stage of excavation, whether tubercular or pneumonic, the combination of iodine with carbolic acid and creasote is most potent. The acid seems to have the greater influence in checking the amount and purulent nature of the sputa; while creasote acts merely as a sedative in the cough, apparently by reducing the irritability of the pulmonary tissues. The addition also of varying proportions of sulphuric ether and chloroform greatly assists in soothing and allaying irritation. These combinations also act frequently like a charm in the profuse expectoration of purulent bronchitis, as also in bronchial asthma.

Removal of the Kidney for Nephrolithiasis.—At the Charing-cross Hospital is a lad, aged fifteen, from whom Mr. Barwell removed a kidney on May 5th, and who is now convalescent. The boy had been under observation for about a year with pyelitis and retro-peritoneal abscess. An incision was made about ten months ago, with the effect of mitigating the symptoms. The wound had healed, leaving only a sinus. In April, by sounding through this passage, Mr. Barwell detected a stone. Yet although the lad was becoming very anemic, with irregular hectic temperature, no consent for operation could be obtained until the above date, when lumbar nephrectomy was performed. Two peculiarities rendered the removal unusually difficult—viz. the dense thick cicatricial tissue and the proximity of the rib to the ileum. Mr. Barwell cut through the tissues, and came upon the kidney with the stone impacted. An endeavor to extract this latter caused copious bleeding, hence the operator rapidly enucleated the gland and passed a ligature round the pedicle *en masse*. Since want of room forbade removing the kidney entire, it was divided and extracted in two parts. The operation was thus completed very quickly, and with scarcely any loss of blood. Since then the boy has been going on uninterruptedly well, his temperature becoming normal and regular, the wound being now nearly healed. This is, we believe, the second successful case of removal of the kidney for stone.—*London Lancet.*

Fallacious Tests for Spinal Caries.—By Howard Marsh, F.R.C.S.Eng., in British Med. Journal:

There are some tests of spinal caries in use which seem so untrustworthy that I feel justified in offering a strong caution against their use. These are:

1. The plan of tapping with the knuckles or dealing a slight but sudden blow with the closed hand on the spinous processes of the suspected vertebræ. This proceeding is very likely to make a child or an hysterical adult shrink, even though the spine is perfectly sound; while, on the other hand, as the blow is struck at right angles to the long axis of the spine, it can have very little effect in bringing vertebræ which may happen to be tender into firmer contact with each other, so as to produce pain by their sudden mutual compression. Moreover the force of the blow, as it is transmitted through the spinous processes, laminæ, and articular processes, is apt to be dissipated before it reaches the bodies of the vertebræ—the parts in which disease is so commonly situated. Some surgeons, I am aware, deal the blow on the top of the head; but this may assuredly be dangerous in disease of the cervical vertebræ; while, owing to the formation of the spine as a series of blocks, and to the elasticity of the intervertebral disks the effect of any slight concussion is lost before it can reach the lower regions of the spine. I have frequently seen patients wince under this test, although their spines were quite healthy. I have also often found that it produced no complaint in cases in which angular curvature was plainly marked. This test of jarring the spine is in fact as deceptive, and therefore as bad, as is that of tapping the knee or heel in suspected disease of the hip-joint. Children with hip-disease may very often be seen who make no complaint whatever when the hip is thus even forcibly jarred; while on the other hand, the jar causes in some cases severe and quite unnecessary suffering—unnecessary because painless and more reliable signs are within reach.

2. Another symptom on which some observers lay much stress is tenderness, or increased sensitiveness, found over the spinous processes, corresponding to the carious vertebræ; and I have seen this over-sensitiveness searched for by means of a hot sponge. I believe this test is quite untrustworthy. Tenderness or over-sensitiveness is a very common feature in cases of hysterical-spine, and certainly tenderness is often absent when caries is distinctly in progress.

Fatal Result from the Application of Sayre's Jacket.—The patient, a child, suffered from a considerable kyphosis at about the junction of the dorsal and cervical vertebræ. It was restless during the suspension; suddenly the breathing stopped. Immediate tracheotomy showed the trachea free down to its bifurcation, and consciousness could not be restored. The breathing was stertorous, and the child died one and a half hours after the suspension. The autopsy revealed a very marked angular curvature of the spine and a very large abscess reaching to the mediastinum. —*Sonnenburg—Proceedings of German Surgical Society; Deutsche Medizinische Wochenschrift; Maryland Med. Journal.*

The Administration of Purgatives by Hypodermic Injection.—Much attention has been directed in Germany and Italy to finding some means of replacing tartar emetic, ipecacuanha, and saline and vegetable purgatives of all kinds, by simple hypodermic injections of apomorphia and aloin (the alkaloid of socotrine aloes). Just as with a subcutaneous injection of apomorphia effects of nausea and vomiting have been obtained, so with a warm aqueous solution of aloin (one twenty-fifth) injected in the thigh or forearm, there have soon been produced true symptoms of purgation. In these cases the remedy does not act by direct contact with the gastro-intestinal mucous membrane. These, as *Paris Médicale* says, are very singular facts which call for serious study and verification.—*Med. Press and Circular.*

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J. W. HOLLAND, A. M., M. D., ... Editor.
H. A. COTTELL, M. D., . . . Managing Editor.

COLOR-BLINDNESS IN R. R. EMPLOYES.

Every body accepted without hesitation the statement that one in twenty of us was unable to see red and green as did the other nineteen. But when it was sought to put this discovery to every-day use, the acquiescence of every-day people was so slow as almost to make some well-wishers of the race forswear all further efforts in this direction.

That there is life and positive value in the new idea a number of recent events will abundantly exemplify. On the first of this month there went into effect in the State of Massachusetts the following act:

> No railroad company shall employ or keep in its employment any person in a position which requires him to distinguish form- or color-signals, unless such person within two years next preceding has been examined for color-blindness or other defective sight by some competent person employed and paid by the railroad company, and has received a certificate that he is not disqualified for such position by color-blindness or other defective sight. Every railroad company shall require such employe to be reëxamined at least once within every two years, at the expense of the railroad company.

The penalty prescribed for each violation of the enactment is fixed at one hundred dollars.

By dint of hard argumentative knocks and continued agitation, Dr. B. Joy Jeffries has induced the law-makers to see that color-blindness in engineers, firemen, brakemen, and others may be an ever-recurring source of danger to the railroad property and the traveling public.

Whatever is true in this view and serviceable in the governmental control he advocated applies equally to every State blessed with railways. A series of tests based upon the Holmgren colored worsteds have been in use by the Treasury Department for two years as a part of its inspection-service on all our water-courses. The admirable organization of the General Government enables it without delay to put into action, through all its ramifications, the best rules pertaining to its work. If the railroads were under the same supervision as the steamboats, more than twelve months ago there would have been a well-equipped corps of examiners upon duty in every quarter, protecting the traveler by land as well as they do now the voyager by water.

Though State-lines do not limit the range of railroad corporations in extent of property-rights and responsibilities, yet they do circumscribe the operation of any law regulating the roads, no matter how general may be the application of the beneficent principle upon which it is founded. Doubtless one by one, as they progress in enlightenment and regard for human life, the States will follow the example of Connecticut and Massachusetts. Some of the States of Europe have already taken steps to prevent accidents from this cause, while others have experts at work inquiring into the prevalence of this defect, with a view to obviating its consequences.

The initial movement has usually met with opposition from railroad-men and their sympathizers. They assert that the new idea has no other basis than theory, and challenge the assertion that color-blindness has any

thing to do with railroad accidents. That they are not without bias doth appear in this, that the first effect of a system of examinations such as is proposed would be to give unwonted trouble to a certain class of employes (three per cent of whom would lose their occupation), and to complicate for the higher officials a business already sufficiently intricate.

In Connecticut, during the last presidential canvass, the parties were so evenly balanced that demagogues attempted to make political capital by declaiming against a law which had debarred certain citizens from engaging in an employment which suited them, upon the ground that it abridges the liberties of the individual. It is not difficult to show that when we are so tender with the liberties of the individual as to allow him to needlessly imperil the lives of thousands, we are reckless of the greater right of the larger number.

The behavior of railroad commissioners when this project of control is first broached evinces the unwillingness of practical men to accept the suggestions of enthusiasts—based, as they often are, upon reasons so technical as to be above ordinary appreciation. When an earnest man gives rein to his perfervid zeal for the public good, he is apt to speak as if actuated by the advice which Burke gave to the French emigrants during the revolution. "Be alarmists," said he; "diffuse terror." Intensity of feeling moves them to express their opinions with more than ordinary emphasis, and the effect of their eloquence is often as feeble as their style is vehement.

Positive evidence of injurious results will alone have much weight with hard-headed men of business. You tell them that about four per cent of the people of any nation or class will not be able to see colors correctly, and they may respond that still the color-blind manage to distinguish one from another, probably by intensity of light. Usually the fault lies in not appreciating quickly the difference between red, the signal of danger, and green, the caution-signal—both appearing to the color-blind as shades of gray. The recognition ought to be positive and instantaneous, without reference to a standard. When such contrasting colors as red, green, and white are chosen for signals, it is on the obvious principle that to make the various readings prompt and accurate the variations of color can not be too decided. In foggy or stormy weather, or when the light of a lamp burns low, or the glass is dirty or dewy, white may look dim, like the red and green of the color-blind, and the distinction between the "road-clear" signal and the "danger" signal is as insignificant as that between similar tints of gray. Again, the distinguishing traits are so indistinct that a red flag is not seen at all upon a background of green, such as skirts the roads in summer; for to the color-blind a red flower differs from its green foliage only in form—both have a dim gray hue. Under these conditions the chances of a mistake are too many for the safe conduct of trains. A cargo of precious human lives should not be trusted to them.

After all, no one should be more interested in the visual perfection of engineers and firemen than the train-hands themselves, who pass half their time on the cars. Nor is it a matter of small moment to the capitalist, whose rolling-stock is committed to their care.

The appeal for a general law like that quoted above may well be made, first in behalf of the employe himself, next of the traveler, and lastly of the stockholder.

The Pennsylvania Railroad has not waited for legislative interference, but as a matter of self-protection and business-policy has engaged Prof. Wm. Thompson, of Philadelphia, to put to the test for visual defects all those whose position requires them to note the forms and colors of signals. From this it would appear that reasonable men are quite willing to yield to the dictates of science when once they have been convinced of their utility. Now that attention is drawn in this direction, proof of the importance of freedom from color-blindness is developed

very rapidly. As examiner in Connecticut, Professor Carmalt, of Yale College, found in two hundred and fifty-nine engineers and firemen altogether seven color-blind. There was but one of these over thirty-two years of age. Now, when the practical railroadman says, "We can find out without your test whether a man is so color-blind as to be unable to run a train or not," the answer is, "You do find it out, and that before he reaches thirty-two years of age. You find it out by his mistakes. He runs past his signals, and, if not killed, is discharged for repeated acts of carelessness, so-called." Natural selection will surely do its work of eliminating the unfit man, although several trains may be wrecked in the process.

Luckily for the public-spirited doctors who are agitating this question, there has lately occurred an accident which was most unlucky in all respects except its opportuneness for illustration. According to a statement made on June 9th by Supervising Inspector-general of Steamboats Dumont, a case in point is that of the pilot of the City of Austin, who, through mistaking the color of the buoys in the channel, lost the vessel in the harbor of Fernandina, Fla., on April 24, 1881. Owing to the mildness of the weather no lives were lost, but the estimated loss on the vessel and cargo was two hundred thousand dollars.

The City of Austin, being a registered vessel, was not required to carry a pilot licensed by the United States steamboat inspectors, so she had one licensed by the State of Florida, which State had not yet followed the example of the United States Steamboat Service of examining the vision of pilots, and of refusing licenses to those found to be color-blind. After the loss of the vessel named it appears that the State pilot commissioners of Florida requested Messrs. Jones and Headman, United States steamboat inspectors, Savannah, Ga., to examine their pilot for color-blindness, which they did, and found that at the short distance of six feet he could not distinguish one color from another.

THE PRESIDENT'S WOUND.—We shall abstain from discussing at length the grievous wound of President Garfield for several reasons. There is a doubt of the ethical propriety of commenting on a case under treatment. When it is reported in full by the medical attendant then will come the critic's opportunity. The learned analyses of symptoms put forth by the press, lay and medical, convey as much satisfactory information as one of Bunsby's opinions. It is well to bide one's time until "all the returns" are in. In the meantime, the legal view is a good one to hold—namely, that the opinion of the doctors on the ground is entitled to more consideration than ours at a distance, though our neighborhood may esteem us as wisest among the Thebans. The latest report of the conclusions of the medical staff is to the effect that a 44-caliber ball, with a small charge of powder, was discharged at about six feet distance and entered the back between the tenth and eleventh ribs. The wound was found to be at a point four inches to the right of the median line, and was probed to a depth of three inches. The presence of jaundice is considered by the medical attendants confirmation of their first impressions—namely, that the liver was injured, probably perforated completely. The bowels escaped and general peritonitis has not supervened. About one half the cases of gunshot-wound of the liver have recovered, and the smooth tenor of this case so far justifies a favorable prognosis. Dr. Bliss believes that the ball passed across the abdominal cavity, and is now buried in the anterior wall whence it will not be difficult to remove it in time. As the patient is blessed with a sound constitution, the dangers of septicemia and of the exhaustion of a chronic abscess are reduced to a very small figure.

A JURY is influenced more by the effect of its decision than by the merits of the case. If the President dies, Guiteau will be adjudged a lunatic; if he lives, then a responsible criminal.

Original.

THE ARMAMENTARIUM OF THE GENERAL PRACTITIONER.

BY WILLARD H. MORSE, M.D.

PART V.

XXV. THE CUPPING APPARATUS.

The history of the cupping-glass is both amusing and illustrative of the principles of mechanical evolution. Twenty or more centuries ago the Roman physicians found that an empty gourd, out of which the air had been burned would, when applied over a cut made by a lancet, come to hold a quantity of blood. This was cupping, rude, but as good in practice as theory. For a long time gourds were used as cups, and an especial favorite was the coloquintida gourd, a small species well-suited for the purpose. Hence came the name of the operation (*cucurbitula*, little gourd). Later the practice was perfected by the French using metal cups, and these, or glass, are still employed. The same principle as that of the beginning still obtains. We all know the manner of the so-called "operation." After scarification the glass, from which the air has been previously exhausted, is applied. Dry cupping is the application of the cups without previous scarification, the cups remaining on thirty to forty-five minutes. Cupping, although not preferable to leeching, is valuable. It is advisable to cover the cupped parts with an oiled-silk after the operation.

The well-known glass-and-rubber cup ($1) has given place to the more elaborate glass or metal cup with fittings for pump. Tiemann's cupping apparatus ($10.50 and $13), scarificator included, and several others of the same style and sold at about the same prices, are very good, but my favorite is Knapp's, made at Providence, R. I. The set is comprised in five cups and air-pump in black-walnut case, and the price is $5, if glass cups, or if metal cups $9.50. I prefer two metal and three glass cups for a set, but most physicians have a preference for glass cups altogether. The one beauty of these cups is the perfection of the rubber flanges and the accuracy of the valvular arrangement. Knapp's apparatus is cheap, but it is the best that I ever employed. Junod's "boot" and "arm" for dry-cupping ($15) are reputed good as a counter-irritant. Tiemann's make is perfect. Knapp's "receivers" ($2.50 and $5) serve the same purpose equally well.

XXVI. THE BREAST-PUMP.

The profession has long wanted a good breast-cup or pump. There are many pumps, but their faults are found in too small an opening and lack of sufficient power to draw the milk. Wattson's ($2.50) or Davidson's ($1.50), or others of the same style, draw the milk from a caked breast with difficulty. The hard-rubber pattern ($2) is an improvement on either of these, but it is not what we want. Knapp, of Providence, R. I., has patented an ingenious pump, which to my mind is as near the ideal as we can get. It is of glass, fitted with an elastic rubber base, which is so stretched over the breast as to afford *pressure*, which is given in conjunction with *suction*. This is all on natural principles, imitating the nursing babe. Suction is had by using the air-pump (same as used with Knapp's cupping-glasses). The price is $1. My advice to the general practitioner would be to purchase one of these breast-cups with the cupping apparatus. It is worth more than a dollar to any physician; and although they are not very well known, when an improvement is made upon Knapp's breast-cup it will indeed be an invention of some importance.

XXVII. HERNIA INSTRUMENTS.

Of the so-called hernia instruments there is no great array. Of hernia-directors the common and well-known "blade" is as good as any other; price $2.50. Heaton's syringe is commendable ($4). Of knives, the plain knife ($1), and Cooper's ($2), are all that are needed. Dowell's needles, straight and curved ($1 each), are indispensable. Agnew's instrument ($6) is a favorite. Wutzer's is a German instrument, not very extensively used. Heaton's operation is destined to become *the* operation for hernia; yet there is Dr. Marcy's operation that can well be considered.

XXVIII. SCALES AND GAUGES FOR URETHRAL INSTRUMENTS.

There are several scales; Gouley's ($2), Otis's ($4), Henderson's ($6), the American ($4), etc. Gouley's gauge ($2) is the representative gauge. It is an excellent idea to possess a scale or gauge, but six dollars or even two dollars is too much to pay for such a thing. Tiemann gives any physician a *pasteboard* scale which is as good as a steel one.

XXIX. PERCUSSORS AND PLEXIMETERS.

Unto him that believeth in *percussors* there is a great deal of possibility in the science

of percussion. Moreover, unto him who pins his faith to Flint's percussor, all things in the science become exquisitely practical. Flint's ($1) is the leading and best of percussors. Metcalf's (seventy-five cents) and the "whalebone-stem article ($1) are possessed of many points of excellence, but pay your dollar for Flint's invention and waste not your thoughts on another.

The time is past when the old-fashioned penny was used as a plexímeter. In its place we have the elaborate instrument of ivory ($1), the hard rubber (forty cents), Gerne's ($2.50) the glass (fifty cents), Flint's (thirty-five cents), and others. Flint's mates well with the percussor of the same name, and is one well chosen. But there is an older plexímeter than any of these, that I prefer and recommend. It is known as the *digitus medius ab sinistra*. It is always convenient, finely flexible, exact, and delicate. More than this it is cheap, and the *digita ab dextra* used with it give us the all of percussion.

XXX. SOME NECESSARY ORTHOPEDIC APPARATUS.

It is well worth while to have in the cabinet some of the many orthopedic apparatus that are to be found at the instrument-makers. In every-day practice they not infrequently come into use, and hence they deserve the place named. I will attempt a bare list of those that may be selected without accompanying it with reference or remark. Such a selection might be as follows: Sayre's suspension apparatus ($8); Sayre's (long) hip-joint splint ($25 and $45); anchylosis apparatus for knee-joint ($18 to $24); genu-valgam brace ($30); and perhaps spinal curvature braces. I do not say that the apparatus are indispensable, but I do witness that they are valuable. There may be others that are not named here which are as worthy of notice, but it is not advisable to include them in an armamentarium. They may all be purchased when required for use; but if they can be afforded the purse-strings can be unloosed for their sake, and conscience will not condemn. Even if they are laid on the back shelf they are there for a possible time of need, but still the matter of purchase depends altogether on extent of practice.

XXXI. LEECHING INSTRUMENTS.

There is an instrument, well enough known to most members of the profession, known as the "artificial leech." It is made in several styles, and under several principles. Prices range from $5 to $8. Heurteloup's (a French invention) is probably the most *marvelous* of all. Tiemann makes an ingenious instrument, which may imitate the natural leech in action, but it can never be a perfect substitute for it. For my part I prefer the real *hirudo* to any imitation. If that can not be had I employ cups.

XXXII. TRANSFUSION APPARATUS.

It may be asked, Is there a better apparatus for transfusion than Aveling's, the one most frequently employed? I think there is not. Garrigue's ($4), and Fryer's ($6.50) are not known as well as Aveling's. Dr. Howe has attached transfusion apparatus to Dienlafay's aspirator, but it has not been thoroughly tested. Still I do not think that, although Aveling's is *the* apparatus, there is any real need of its being included in the armamentarium. Yet if one is convinced that it is among the "indispensables," and can afford the outlay, $4.50 buys the article.

XXXIII. SPLINTS.

I do not believe in the patented splint. I have no faith in that surgical treatment of fractures which is made to general order. There are good splints, and there are those which are as worthless as if they had been intended for other purposes than that for which they are ostensibly used. A pocket-knife, a roll of adhesive plaster, a shingle or a clapboard, and a good stock of common sense, constitute sufficient *materielle* for the extemporization of splints. It has been said that the surgeon should not "warrant" any thing that he does, but as a commentary on that which I have just said I am prepared to say that I truly believe I can get as perfect success in the treatment of fracture by an extemporized splint, or no splint at all, as I can by the best of patent splints. I am perfectly willing to try it. Nevertheless every fallacy has its ardent disciples, and I will not attempt argument in this place. If one *will* use patent splints there are innumerable styles and patterns. Of carved wood splints the old-fashioned basswood is the most preferable. A set of twelve straight and twelve radius splints can be had for $2, and other splints are sold at about the same ratio of prices.

Of hip-joint splints there are Davis's ($15); Sayre's ($15), a very excellent apparatus of its kind; Hamilton's ($15), made of wire gauze on a wire frame; Bauer's ($25), provided with a shoe, and affording complete immobility of the joint; Taylor's ($25 to

$40); Washburn's ($7); Hutchison's ($25), arranged upon an excellent principle; and others.

For fracture of the femur, Smith's splint takes the lead; price, $5. Skinner's fracture bed ($25), Buck's ($40), Hewitt's ($40), Burge's ($50), and others. Of these Buck's has the highest reputation.

For fracture of the patella we have Turner's ($12), Lewis's ($6), Hamilton's ($8), Hartshorn's ($7), Boisnot's ($12), and Tiemann's ($5.50), all well commended. The majority of the profession seem to prefer Hamilton's (*vide* Hamilton on Fractures, etc.).

Of apparatus for treatment of fracture of the tibia and fibula, Smith's ($3) is probably as good as any. The principle of Hodgen's ($6) is excellent. There are many others.

For fracture of the lower maxilla there in nothing comparable to Hamilton's bandage ($5). For the clavicle, Levis's splint ($5), and Fox's bandage ($5) are favorites. Sayre's dressing has its friends. I have never used it or seen it employed.

For Colles's fracture there is a legion of splints. Hewitt's ($7), Shrady's ($2), and several others are well-named. I recommend no one pattern over another.

Had I faith in patented splints I would occupy more space in descriptions. As it is, I refer all to the manufacturer.

XXXIV. LUXATION SPLINTS FOR PHALANGES.

Dr. Gross recommends—and all who possess it praise—Levis's splint for reducing dislocated phalanges. Gross (Surgery, vol. 2, p. 54) describes it, and to most of my readers it is familiarly known. One may buy it for $1.50, or make it for himself in a few minutes.

HINSDALE, N. H.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

The season for papers is drawing to a close. Those men who regale the societies with heavy articles are registered now at the hotels of fashionable watering-places or on the books of ocean-steamers. We begin to feel happy that no societies will claim our attendance for three months.

Recently I attended the Academy of Medicine and seated myself for a long paper; but I had erred. Dr. A. B. Judson gave us an exceedingly brief talk upon The Use of Crutches in the Treatment of Joint-diseases of the Lower Extremity. He made only one argument, and that was well elaborated. He approved, as do we all, of the importance of giving rest to the diseased joint. This is thought possible now by the use of crutches and a high shoe. The doctor accepted this mode as a possible mode. He did not claim as he could have claimed, and as many of us can claim, that it is simply temporizing with a disease that demands more than crutches. He did speak, however, of the ease with which children threw their crutches aside and used the limb. He spoke of the inconvenience of this treatment, and of the theoretical danger of injuring the brachial plexus. He preferred ischiatic support to axillary support, and described the various hip-splints, which allowed the patient to *sit, as it were, upon them.* He preferred the one which bears Dr. Chas. F. Taylor's name. This makes an ischiatic crutch, leaving out all claims as to its extension powers, and makes a crutch which gives the patient the use of his hands. This splint gives equal support on *both sides*—i. e. the patient can sit squarely upon the splint while a step is being taken. He has a good base here—a base whose parts are not covered with soft and yielding tissues, as are the axillæ.

I must confess this places it in a better light than I have yet seen the subject placed. Many of us are growing skeptical about the good results from the crutches and the high shoe; and, if need be, cases can be shown wherein the failure has been *signal.*

Dr. Judson did not make his paper a clinical one, yet he made it a very practical one, and those who are interested in this great subject of the treatment of hip-disease will do well to read the original, as it will appear in the Medical Record.

At the Pathological Society, last Wednesday evening, there was an unusually large attendance, and the reason was soon found to be the presentation of a testimonial to Dr. G. F. Shrady, who had been for *twenty-two years* its secretary. The testimonial came from the members, who fully appreciated the faithful and valuable services of Dr. Shrady. It was a handsome silver ice-pitcher and a salver from Tiffanny's, and was presented in a very graceful manner by Dr. A. Jacobi, a former president of the society. Dr. Jacobi spoke truly of the service which Dr. Shrady had rendered the society and the whole profession by his accurate reports. He has done much to give the New York Pathological

Society a name and a standing throughout the medical world by his judgment in reporting just what would be of interest, and always getting in the speaker's points better sometimes than the speaker himself stated them. The inscription was as follows:

Presented to
George F. Shrady, M.D.
For twenty-two years Secretary of the New York Pathological Society,
By the Members of the Society.
June 22, 1881.

This evening the New York County Medical Society held its last meeting for the season, and there were—think of it!—*four* papers. Talk of societies for the prevention of cruelty to animals, of prevention of cruelty to children. Why can we not have one for prevention of cruelty to physicians? Think of the unfeeling criminality of a president of a learned body who would permit four papers to be read in one evening, and that, too, during the last week in June! And yet we are accused of not manifesting proper interest in the County Medical Society.

First, Dr. Jno. C. Peters read a long report coming from the Street-cleaning Committee. Well, it was interesting, but rather untimely, inasmuch as all hands are busy now cleaning the streets. Second, Dr. Samuel Sexton read a paper upon The Japanese Otacoustic Fan and other Aids to Hearing, presenting a number of fans curved a little and tipped with a metallic band, which is to be inserted between the canine teeth. The person speaking must be within three feet of the fan and talk at the fan. The doctor didn't have many facts to present, and Dr. Pomeroy, in his remarks, showed that *facts* were not readily attainable. In fact he hadn't been fortunate enough to find any patients who could hear sufficiently well with these fans to make it worth while advising their employment. Third, Dr. O. B. Douglass, the secretary of the New York Therapeutical Society, read for the president, Dr. Andrew H. Smith, a lengthy and well-prepared Report on Quebracho in Dyspnea. This will be published in full, and those interested in this new remedy can get copies of the report, when published, by writing to the secretary. Fourth, Dr. Ralph L. Parsons read a paper on The Private Care of the Insane. Dr. P. was for many years presumably an advocate of the *public* care of the insane, as he was superintendent of the Insane Asylum on Blackwell's Island; then by political or other reverses he became deprived of this position, ultimately getting a similar position at the Flatbush Insane Asylum, Long Island. This he did not hold long, and since the election of his successor he has had an opportunity to "work up" the *private care of the insane.* However, I failed to hear his paper, as the hour was growing late; and as I saw a reporter (of the daily press, it seemed) making an abstract before the doctor's turn came to read, I fancied that it must be of public interest, and contented myself with waiting for the report in the morning papers. *

NEW YORK, June 27, 1881.

Reviews.

Diseases of the Nervous System. By WM. A. HAMMOND, M.D., etc. With one hundred and twelve illustrations. Seventh edition. Rewritten, enlarged, and improved. New York: D. Appleton & Co. 1881.

In ten years this famous book has been honored with seven editions. This one presents much the same appearance as the sixth, preserving all the distinctive qualities that made it popular, and all the text save the chapters on insanity. It is the declared purpose of the writer to elaborate his ideas on that subject in a separate treatise in better proportion to its importance. The omission of these chapters has been more than supplied in bulk by amplifying the chapter on cerebral congestion, adding to those on locomotor ataxia and other maladies concerning which recent study has been very fruitful. There is much new matter on myxedema, syphilis of the nervous system, diseases of the sympathetic, and symptomatology of cerebral and cerebellar lesions. Most of this is a translation from the addition made by the French editor and translator to the Paris edition, 1879. The merits of this book, like those of its author, have not been hid under a bushel. It shows great facility of expression, much thought, and wide reading, with an uncommon faith in the power of remedies over diseases commonly found intractable.

PENNSYLVANIA has a medical registration law, signed by the governor, June 8th, which includes the unusual provision that any one who may desire to commence practice in that State hereafter having a medical diploma shall lay the same before the faculty of some medical college of that State, to be indorsed before he shall be allowed to register.

Books and Pamphlets.

SIMPLE METHODS TO STAUNCH ACCIDENTAL HEMORRHAGE. By Edw. Borck, M.D. Reprint. April, 1881.

CARPENTRY AND BUILDING FOR JULY, 1881. Published monthly by David Williams, 83 Reade Street, New York.

THE QUALITY OF MENTAL OPERATIONS DEBASED BY THE USE OF ALCOHOL. By T. L. Wight, M.D., Bellefontaine, Ohio. Reprint.

MANAGEMENT OF WOUNDS. By David Prince, M.D. Philadelphia: Lindsay & Blakiston.

An extension of a paper published in St. Louis Med. and Surg. Journal. It aims in fifty-two pages to present the subject in all its aspects.

INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, U.S.A. Authors and Subjects. Vol. II: Berlioz—Cholas.

A second Ashlar for the monument which Dr. Billings is building to the honor of the service and himself. A colossal task this, to which he has set himself and one of immense benefit to all readers and writers.

Formulary.

ELIXIR ACIDI SALICYLICI (WOLFF).

℞ Acidi salicylici..... 2.0 parts;
Alcoholis..... 12.0 "
Solve et adde
Elixiris simplicis..... 100.0 "

Each tablespoonful contains five grains of salicylic acid. This elixir should not be given with water.—*Pharmacist and Chemist.*

SWEDISH ALTERATIVE.

Licorice-root..... 75 parts;
Saponaria..... 175 "
Juniper-root..... 300 "
Guaiacum-wood, rasped..... 450 "

Mix.

This is officinal in the Swedish Pharmacopeia.—*Druggists Circular.*

ANTI-ASTHMATIC POWDER.

℞ Potassæ nitrat..... } āā ℥ss; 15.00 Gm.;
Pulv. anisi fructûs..... }
Pulv. stramonii folior..... ℥j 30.00 "

Misce. A thimbleful of the powder placed on a plate is pinched into a conical shape and lighted at the top. It burns like a pastile, and is held near the patient, who inhales the fumes.—*Jas. Sawyer, M.D., in British Med. Journal.*

NITRO-GLYCERIN, in minim-doses of the one-per-cent solution three or four times a day, sometimes relieves albuminuria and dropsy in the early stages.

SNOWBLINDNESS, according to Dr. Reed, of Detroit, can be cured by the administration of nitrate of ethyl.

Pharmaceutical.

THE SALE OF MORPHIA IN FLORIDA.—We are informed that the legislature of Florida has passed an act requiring all morphia to be wrapped in crimson paper, whether sold in vials or in grain doses, under a penalty of twenty-five dollars for each omission. The motive seems to have been to prevent mistakes in country stores where quinia is sold in one-eighth-of-an-ounce vials, and both morphia and quinia heretofore were wrapped in blue paper.—*Druggists Circular.*

WHAT IS RESORCINE?—Resorcine, says the Journal of Chemistry, belongs to a class of bodies called *phenols*, to which carbolic acid also belongs. In chemical composition they resemble alcohols. Pyrogallic acid is a triatomic phenol.

Resorcine was originally obtained by fusing certain resins, as gum ammoniacum or galbanum, with caustic potash, extracting it from the fused mass by acidifying with sulphuric acid and shaking with ether, and then purifying it by distillation.

Resorcine crystallizes in colorless plates or columns, and dissolves readily in water, alcohol, and ether. It melts at 104° Cent. (219° F.), and boils at 271° Cent. (520° F.), and can be obtained perfectly pure by distillation. It is claimed that it can be made in Switzerland for four dollars per kilogram (about one dollar and eighty cents a pound), but we find it quoted in German price-lists at from seven dollars and fifty cents to ten dollars per kilogram, or about double the price of salicylic acid. To some extent the price will depend upon the demand.

Resorcine is not poisonous in moderate doses. From twenty-five to thirty grains is required to produce any marked effects. It has been found to reduce the temperature in febrile complaints, but its effect is of short duration, and unpleasant after-effects have been noticed. One of its isomers—hydrochinone—is preferred for use in fevers, the dose being smaller. The third isomer, pyrocatechine, has powerful toxic properties.

Andeer has recently investigated the properties of resorcine, and finds that it possesses the power of stopping decay. A one-per-cent solution of chemically-pure resorcine will stop the development of fungi and mold. In every degree of concentration it coagulates albumen and precipitates it from solution, on which account it may be used as a caustic to remove unhealthy tissue. In

crystals it cauterizes as powerfully as lunar caustic. In minute quantities resorcine will preserve ink and colors, which would otherwise mold quickly, and does not injure the color. To stop fermentation completely requires a rather strong solution of one and a half to two per cent.

Dr. Koller prophesies a great future for resorcine, which, he says, will be the disinfectant and antiseptic of the physician, the druggist, and the chemist. It must not be forgotten, however, that resorcine is too powerful a reagent to be taken internally in unlimited amount.—*Phila. Med. Times.*

Miscellany.

Dangers of Chlorate of Potassium Exaggerated.—Dr. Harkin, in a letter to the Medical Times and Gazette, challenges the correctness of Dr. Jacobi's statements regarding the dangers of using chlorate of potassium. He says he has prescribed the chlorate through the medium of the maternal circulation, to the languishing fetus in utero, with the greatest advantage; to the baby and the nursing mother (to the former directly as well as through the instrumentality of the mammary secretion); to the child in marasmus and struma; to the anemic and menorrhagic female, and to sufferers from every phase of the hemorrhagic diathesis; in skin-ailments from acne punctata to the boil and carbuncle; in fact, to patients suffering from every class of disease depending on debility or subaëration, from the time of childhood to the climacteric period of existence; and he has never witnessed a single instance of permanent injury to health, much less to life. It may disagree perhaps in one case in a thousand, but here gives warning by a feeling of approaching dysuria, and the remedy can be at once discontinued before any real injury accrues.

As to nephritis, Dr. Harkin remembers only a single case that at all approached this condition. Here a young lady suffering from phthisis had an attack of painful strangury lasting some hours, but easily relieved by the ordinary means of stupes, hot baths, etc. Dr. Cutter, of New York, told Dr. Harkin of a case which recovered with difficulty after taking ten grains of the salt. As a contrast, Dr. Harkin mentions the case of a young man who, having been supplied with a gargle containing an ounce of the salt, through mistake drank the whole at a draught, and did not experience the least inconvenience as a consequence.

While therefore Dr. Harkin does not give any credence to the exaggerated statements which have lately appeared in the medical journals, he does not think that the prescription of this remedy should pass out of the control of the profession and become a merely popular medicine, but that it should be given with caution, though without reserve under medical supervision.—*Philadelphia Med. Times.*

Smallpox and Emigrants.—It is urged by the health officer of the port of New York that in the absence of inspection of emigrants at points west of maritime quarantines, the National Board of Health has authority under its power to regulate interstate quarantines to secure inspection of emigrants at the interior distributing centers. The incubation period of smallpox, fourteen days, is much longer than the average time of passage across the Atlantic. Hence the development at Chicago of a considerable outbreak among the new comers and their associates.

Quack Nostrums.—A correspondent instances a case within his own personal knowledge where a man who could not earn sufficient by blacking boots became an itinerant quack-medicine vendor. At this he became rich enough to educate his son for the profession, and died worth a fortune. The son, although a member of the Royal College of Surgeons of England, *would not stoop to practice*, but lives in luxury on a few quack medicines, one of which is advertised to cure seventy-nine different diseases and ailments. He thinks that cases of this kind are not encouraging to honorable conduct, and complains of the connivance of the government in making revenue from the sale of patent-medicine stamps.—*Med. Press and Circular.*

Prof. Billroth's Case of Resection of Pylorus.—We learn from the *Wiener Medizinische Wochenschrift* that Prof. Billroth's patient, on whom he performed excision of the pylorous for cancer on January 29th, has just died in Vienna. The case, surgically speaking, has become historical, for the operation was quite a new departure, and one which but a short time ago would have been considered impracticable. The case is rendered more interesting by the fact that an autopsy was obtained, and that thus the condition of parts post mortem has been accu-

rately studied. Dr. Zemann—in the absence of Heschl, Director of the Pathological Institute, whose death from the effects of a post-mortem wound has since occurred—conducted the examination. He found that death had resulted from metastatic deposits of cancer throughout the entire peritoneum, the duodenum and jejunum being likewise coated with a similar deposit, so that it was impossible to separate them one from another. As regards the stomach, it is stated that it retained its natural form, and that no one unacquainted with the operation to which it had been subjected would have observed any thing remarkable about it, or guessed that fourteen centimeters had been removed from it. The duodenum had been attached to its lesser curvature, so that a little pouching was observable along the greater curvature. The woman had not suffered from any digestive troubles, but had taken and retained her food very well. At the point of junction there was no stenosis, the thumb being easily passed through the orifice. The union was perfect in all respects, so that hardly any scar could be perceived along the line of the suture.—*Med. Times and Gazette.*

Sarsaparilla in Syphilis.—Dr. Wm. Carter contributes to the Practitioner an article in which he gives evidence that sarsaparilla in large doses as a remedy for syphilitic cachexia has fallen into undeserved neglect. It has succeeded with him when iodide of potassium has failed to improve the general condition, though it may have relieved the nocturnal pains.

In the treatment of hysterical eclampsia it will not do to compress the ovaries roughly and without discrimination. Perast has reported a case of peritonitis and death following only moderate pressure on the left ovary in a patient who was simply hysterical.

On Wednesday, July 13th, there were thirteen cases of "heat-stroke" in Louisville. Four of these were directly fatal, while with several others recovery is doubtful.

Puck says the order of the Knights of the Goitre are principally found in Switzerland. Its members are all swells.

Dr. J. E. Reeves has been appointed secretary of the State Board of Health, West Virginia.

Selections.

Pathology of Phthisis.—At the discussion at Glasgow on the Pathology of Phthisis Pulmonalis (British Medical Journal), Dr. Coats, whose remarks concluded with the assertion "that pathology undoubtedly points to a virus as the cause of phthisis, and clinical facts to a state of the system as at the bottom of it," began by saying it was necessary to find an answer to these three questions: 1. Is phthisis pulmonalis a tubercular disease? 2. What are the characteristics of tubercular disease? 3. How are we to recognize tuberculosis?

After an able description and analysis of the anatomical characters of acute general tuberculosis, and of a local tuberculosis, such as is observed in the kidney, the so-called renal phthisis, he concluded that in either case there was an "infective" process—i. e. a process "in which lesions are to be traced to the direct action of a virulent agent introduced from without or formed inside the body. Acute miliary tuberculosis was an infective disease, because each miliary tubercule owed its origin to the action of an infective particle. So also local tuberculosis was infective, because there was again evidence of some infective material acting directly on structures, and producing the particular form of lesion called a tubercle." He pointed to the symmetrical distribution of the lesion in acute miliary tuberculosis as indicating a "blood disease," and maintained that it was "impossible to escape from the conviction that there was some virus carried by the blood to the various organs affected; and although in almost every case there were evidences of concomitant inflammation, and although tubercles in some respects were analogous to inflammatory structures, they were not to be regarded as simply inflammatory any more than syphilitic gummata were to be so considered, although presenting at least as much analogy in structure to inflammatory products."

Dr. Coats next described the anatomical characters and the processes of the formation of cavities in the two distinctly recognizable forms of phthisis pulmonalis. The first, the more common, was in its purely anatomical aspects to a great extent, but not entirely, a catarrhal inflammation of the lung. The products accumulated in the air-cells, together with the portions of lung-tissue involved in the condensation, underwent caseous metamorphosis; and that was "not merely the drying in and fatty degeneration of inflammatory products, but actual death, not only of those products, but of the piece of lung in which they were contained;" and the process warranted the name of caseous necrosis, and this caseous necrosis was sometimes "almost an acute process." This marked necrosis of these products and of the lung-tissue besides, was not explicable on any assumed mere degenerative tendency on the part of the inflammatory products. The chief anatomical characters of the second form—that commonly designated cirrhosis of the lungs—consisted in a new formation of connective tissue, followed by contraction of this tissue; in fact it was an interstitial inflammation of the lung. By the contraction of the connective tissue there was great destruction of the proper vesicular tissue of the lung; the bronchial mucous membrane became the seat of inflammatory catarrhal changes; to compensate for the great shrinking, there were not only depression of the chest-wall, but also local emphysema, and cavities formed by dilatation of the bronchial

tubes. But in some parts of lungs so affected "isolated patches of condensation, in the form of groups of nodular projections," might be seen; and these were found to present "rounded bodies supposed to be tubercles, and containing distinct giant-cells." The relation of these two conditions to tuberculosis had next to be considered. Was tuberculosis associated with these processes, and in what way? The presence of an infective virus, in the first form, was evidenced by the almost constant presence (after the formation of cavities) of tubercular ulcerations of the bronchial mucous membrane; and when lung-tissue containing the tubercular virus was swallowed, infective tubercular ulceration of the intestine might be found. He had not found these bronchial or intestinal ulcers in the cirrhotic form of lung-disease. But he had found equally good evidence of the presence of the tubercular virus in this form, as in the other, in the shape of miliary tubercles in the presumedly sound lung, as well as in the liver and in the spleen.

All admitted that tubercles occur in phthisis pulmonalis; but the point in debate was: Was tuberculosis an integral part of the processes in ordinary cases of phthisis, or was it always secondary? It was also admitted that the presence of tubercle was an evidence of the existence of an infective process—the presence of a virus or ferment. But it was maintained on one side that "the tuberculosis was secondary to the inflammatory process, and the ferment or virus was produced by the caseous material;" while on the other hand it was held that "the whole process was a tubercular one from the first, and that inflammatory products and tubercles were equally the result of the irritation of the tubercular virus."

Dr. Coates had commenced the study of phthisis strongly imbued with the first of these views; and he had examined the lungs in phthisis with the definite object of finding a non-tubercular catarrhal process; but he had been driven to the conclusion that, "in all cases of caseous phthisis, tubercles were inseparably mixed up in the morbid process, and it was the same with cirrhotic phthisis; tubercles were inextricably mixed up in the process, and might be found when no caseous material could be discovered after diligent search."

After some forcible objections to the view that the caseous necrosis was due to occlusion of the aveolar capillaries from pressure, he went on to state that in the cirrhotic forms he found that tubercles took part in the transformation into connective tissue; that "wherever there was cirrhosis there were tubercles, and wherever there were tubercles there was cirrhosis." In both forms the tubercles and the inflammatory products were the result of the irritation of the tubercular virus. In the catarrhal form the tubercles underwent caseous metamorphosis; in the cirrhotic form they underwent fibrous transformation.

On a New Method of Supplementary Alimentation.—Dr. Sansom, following out the method proposed and first adopted by Dr. Smith, of New York, has made frequent and successful use of blood enemata. He employs ox-blood most frequently, though sheep's blood is also of value for this purpose. It is necessary that it should be defibrinated the moment it is drawn. Butchers understand this process, and will supply what is called "whipped" or "stirred" blood. It is of course requisite that the blood be fresh—that it be not kept more than a single day. Dr. Smith states that the addition of a grain or a grain and a half of chloral hydrate to each ounce of blood serves to prevent decomposition and to avert any offensive odor in the digestion. In urgent cases, where there is no stomach-digestion, two or three ounces or blood may be injected into the rectum every two of three hours. The fluid may be warmed by placing the containing vessel in hot water, though it is often borne equally well when cold. For chronic cases, in which it supplements stomach-alimentation, it is administered in quantities of from two to six ounces once or twice a day. In some cases its use tends to promote constipation; in a very small percentage the opposite condition of irritability. Blood enemata thus administered present many practical advantages. The supply is easily obtained; the cost is very small—a really important point among the poor when a long-continued course of nutrition per rectum is ordered, one which hitherto has entailed a large outlay for the juice of meat and adjuncts—and the evidence of success is considerable. On the other hand, in procuring the supply of fresh blood there may be some difficulties; especially is this the case when it is wanted in a great hurry; when, for example, the administration of blood per rectum is suggested in a case where direct transfusion might heretofore have been adopted. This difficulty is now overcome, because the blood is prepared, concentrated, and preserved in tins, and thus is ready for immediate use. The preparation of this sanguis bovinus exsiccatus is conducted under the direct supervision of Dr. J. J. Craven, inventor of the great ship-refrigerators for preserving meat during ocean-voyages. The blood is taken from selected animals, and these are bled to death; this, it is said, being the only method of obtaining the blood duly arterialized. The blood is carefully dried at a temperature which never exceeds 110° F. Thus prepared, desiccated blood is soluble in water at temperatures below 160° F., and contains all the elements of healthy blood save water and fibrine. To prepare the injection the concentrated blood is dropped into the warm fluid which is to constitute the injection, a fluid dram of the concentrated representing a fluid ounce of the ordinary blood.—*London Lancet.*

Treatment of Pneumonia during the First Stage.—Prof. Alfred L. Loomis, in New York Med. Record, asks:

What measures shall we employ to overcome or mitigate the impression made upon the nervous system by the morbific agent which is operating to produce the pneumonia?

The experience of the past eighteen months leads me to state with some positiveness that in opium we have such an agent. My rule for the past year has been to bring my patient under the full influence of the drug at the onset of a pneumonia, and to hold him in a condition of comparative comfort until the pneumonic infiltration is completed (usually for the first four days of the disease). After this period, the greatest care must be exercised in its use, for now a new danger threatens—namely, paralysis of the bronchi, and consequent accumulation of secretion in the bronchial tubes—which will greatly increase the difficulties of respiration; but during the developing period of the disease, when the pneumonic blow is first struck, morphia hypodermically seems to lessen the nervous shock and to diminish or prevent the effect of the pneumonic poison on the nervous system, until the first violence of the poison has been spent in completing the pulmonary infiltration. The use of opium in this way does not interfere with the usual antipy-

retic treatment of the disease, nor does a demand for alcoholic stimulants contra-indicate its use. The results which have followed this plan of treatment in the limited number of cases in which I have been able to fairly test it (in patients that have been directly under my personal management) have convinced me that it greatly diminishes the chances of heart-failure, and cases which from their age and attending circumstances seemed hopeless have recovered.

The great relief and comfort which the use of opium in this way gives to the pneumonic sufferer during the first four days of his struggles are sufficient to commend it, especially in those cases where an extensive pleuritic inflammation accompanies the pneumonic development.

Epileptiform Convulsions of Short Duration, Probably Induced by the Presence of Tapeworm.—Price Jones, F.R.C.S., writes, in the British Medical Journal: On March 2d I was consulted by a farm-laborer, aged twenty-nine, who informed me that he had for the last eight years occasionally been suffering from symptoms indicative of gastro-intestinal irritation, with loss of flesh, irregular appetite, mental depression, headache and restless nights. I learned from prescriptions that, during this time, the patient took, in powerful doses, most of the anthelmintics, including turpentine, santonin, scammony, and some preparation of mercury, as his history pointed to profuse salivation and loosening of the teeth; but never to his knowledge did he pass any worms. Six months ago he had a "fit," was convulsed, and became insensible for about two minutes, when he regained consciousness. Every second or third day, after the first paroxysm, "fits" of a similar character, but of less intensity and duration, occurred. The bromides, conium, Calabar bean, and other nerve-sedatives, were administered for four weeks, without any effect in checking the frequency of the paroxysms. On the morning of April 2d, I ordered a full dose of the extract of male fern to be followed by castor oil. In the course of the day, to my patient's great joy, a tapeworm twenty-three feet long was passed. A month has elapsed since the expulsion of the parasite, and there has been no recurrence of the paroxysms. The man expresses himself at present as being "all right."

Bromide of Ethyl in Hysteria and Epilepsy. MM. Bourneville and Ollier have been studying the action of bromide of ethyl on hysterical and epileptic patients, and have arrived at the following conclusions (*Le Praticien*): 1. Pupillary dilatation at the commencement of the inhalation of the bromide is not constant. 2. Complete muscular resolution is exceptional. 3. Anesthesia is produced in very variable degrees according to the subjects. 4. The temperature, the secretions, the general state do not appear to be in any way modified. 5. The pulse and respiration are slightly accelerated. 6. There may be produced more or less marked trembling of the limbs during the inhalation, but it does not continue after it. 7. Hysterical attacks are generally easily stopped by bromide of ethyl. 8. Attacks of epilepsy may sometimes be arrested by giving the remedy during the period of tonic spasm; more often the inhalation has no effect. 9. In epilepsy the regular employment of the remedy by daily inhalation for one or two months, markedly decreases the frequency of the attack.—*Med. Press and Circular.*

Fuming Inhalations in Asthma.—There can be no question as to the value of fuming inhalations in the treatment of asthma. The ordinary niter-paper often fails, because it is not strong enough. For some time past I have been in the habit of using very thick and strong niter-papers, which may be called "niter-tablets." They contain both chlorate and nitrate of potash. Each consists of six pieces of white blotting-paper, about six inches square, and they are made by dipping them into a hot saturated solution of niter and chlorate of potash. Before the pieces are quite dry they may be sprinkled with Friar's balsam, spirit of camphor, tincture of sumbul, or some aromatic. The niter-paper so prepared is as thick as cardboard, each piece consisting of six pieces of blotting-paper, closely adherent, and covered all over with crystals of saltpeter and chlorate of potash. The door and windows having been closed, the tablet is placed on a fire-shovel or piece of metal of some kind, and folded down the middle so as to make it like a tent or the cover of a book. When lighted at each end it burns very quickly, throwing out a flame often four or five inches long, and giving rise to dense volumes of smoke. The asthmatic patient almost immediately obtains relief, and drops off into a quiet slumber from which he awakes refreshed. These tablets often succeed when the ordinary niter-papers do no good. They nearly always induce sleep, and I have used them with success in cases of insomnia when most of the ordinary remedies have failed. Large pastiles composed of equal parts of niter and lycopodium are also useful in asthma.—*Wm. Murrell, M.D., in Brit. Med. Journal.*

Hydrocyanic Acid and Cerebral Circulation.—In the Practitioner, Dr. F. P. Atkinson, in a paper entitled Vasomotor Influence in the Production of certain Functional Disorders, with some remarks as to treatment, refers to the sedative action exerted by diluted hydrocyanic acid on the brain, spinal cord, and heart. [Dr. Kenneth Macleod published in the Medical Times and Gazette a series of cases showing the wonderful power which five-minim doses of Scheele's acid have in calming cerebral excitement in cases of mania. The advantages of the drug, in comparison with other calmatives and hypnotics, are: 1. The rapidity, certainty, and simplicity of its effects; 2. Its manageability and freedom from any cumulative property; 3. The absence of any disagreeable, concomitant, or consequent physical disturbance which most other analogous modes of remedial treatment possess; 4. Its small bulk, want of color, and miscibility; 5. Its want of repulsive smell and taste—a very great virtue with the insane, who are very apt to rebel against medicine. Dr. Macleod recommends five minims, to be repeated every quarter of an hour if need be; or five minims mixed with twenty-five of water may be injected subcutaneously or administered as an inhalation.—*Rep.*]—*Lond. Med. Record.*

[Scheele's acid is two and a half times stronger than the dilute acid U. S. P.]

Death from Bromide of Ethyl.—Dr. R. J. Levis, of Philadelphia, the distinguished advocate of bromide of ethyl, recently lost a patient under this anesthetic at the Jefferson Medical College Hospital. The patient was about to be operated upon for stone in the bladder, but died as the first incision was being made. Dr. Levis was present during the administration of the anesthetic, and no doubt exercised every known precaution.—*Med. Press and Circular.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

PERILS OF SUMMER-RESORTS.

Have you ever been to a second-class watering-place in Kentucky or Indiana, or to one of the large caravansaries by the northern lakes? If so, then you will concur in the advice given to the swelterer in the city, who would seek lost health as a summer-boarder without discrimination as to the house and its environment, "rather to bear the ills he has than fly to others he knows not of." There are several health-resorts not a thousand miles from Louisville, to which our healthy friends have gone to escape the heat, and returned precipitately with "the chills, to which people are liable there in August." When built on low ground near a mineral spring, that keeps the earth damp with its overflow, without cellar or subsoil drainage, you have unsanitary surroundings, for which no amount of white-washing and floor-scrubbing will furnish a corrective nor draughts of mineral water a remedy.

A family we wot of, after a cool sojourn of a few weeks, returned from Lake Chautauqua with a case of typhoid fever contracted there. Warned of the danger of drinking water from a well ten feet deep in a sandy soil, of the diseases engendered by the filthiest of all filth if allowed to reek in the sun and poison the air on the surface, as in extemporized privies, they returned the second year to the first-class summer-hotel that had this environment, and the second time brought home typhoid. They paid dearly for the lesson they learned. At home extremely particular about plumbing and sewage, dampness and drinking-water; abroad, the average tourist is oblivious to all the sanitary principles he once harped on.

In the cities we are familiar with the huge blocks of transparent ice, through several feet of whose glassy substance we can read the recommendation that it comes from some sequestered lake in the North. The Pictet artificial ice-company vies with the lake-ice men by getting water far down in the deep water-bearing strata, and displays prominently the evidence of its purity. The citizen debates with animation the question of relative wholesomeness, and prefers the purest if there be but a shadow of difference.

How is it at the summer-hotel of the interior? In the cooler, in the milk, in the refrigerator, and upon the butter-dish will usually be found ice cut from some shallow pond or sluggish creek in a neighbor's meadow, which receives the surface-drainage of the pasture, and has laved the hot flanks of beasts of all degrees during last summer's heat.

There is a current fallacy that the freezing process purifies the water, and that ice from any source is equally harmless. The following experiment on a large scale has settled that question forever, showing that the causes of disease in filthy drinking-water preserve their pestilent power despite the freezing temperature. We refer to the now classical epidemic at a Rye Beach (N. H.) hotel, an account of which was freely circulated in the Massachusetts health-report of 1876. The notes were taken by Dr. A. H. Nichols, who was in attendance upon some

of the victims of the epidemic. At one of the hotels some of the guests suffered from nausea, vomiting, diarrhea, colic, fever, loss of appetite, physical and mental depression. The well-water was first suspected, but upon examination found to be pure and from a well-protected source. The milk was examined and pronounced wholesome. To the drainage no exceptions could be taken. Finally violent attacks of gastro-intestinal disturbance were reported by several who drank nothing but the water from melted ice. The character of the ice was inquired into. The ice-house and its melted water were offensive to the nostrils. A direct examination of the pond from which the ice was taken revealed the fact that the water was foul with decaying sawdust and marsh-mud. What remained of the ice was at once condemned, and simultaneously the epidemic ceased.

Within six weeks, out of the five hundred guests to whom this infused poison was given freely, the majority were unaffected by it, though twenty-six persons were made seriously sick, and many more exhibited symptoms less grave, but attributable to the same source.

With these cautions in mind, we advise all who can to fly the blood-boiling and brain-muddling streets of the city. Especially should the babes and delicate women no longer tempt fate by breathing the stifling air that keeps above ninety degrees by night and a hundred by day. For the tired brain-worker, to whose exhausted nerves the night is a season of tossing instead of repose, there is a renewal of life dwelling in tents in some northern wilderness, or lolling the careless hours away by the sea in the ozonized and bracing air. But ascertain beforehand, if you can, if back of the inviting cottage by the sea there be a marsh where salt and fresh water mingle to breed the deadliest miasm. It will make assurance doubly sure to know the source of its drinking-water, depth of well, and distance from the cess-pit. For, as a rule, the laws of domestic hygiene are less carefully observed in country places than in crowded cities, and the general debility of the dog-days may give place to the dangerous prostration of diarrhea or dysentery. Out of the frying-pan of hot streets you may leap into the fire of remittent or typhoid fever.

THE Kentucky State Board of Health held its quarterly session at Hopkinsville on July 12th. Sanitary papers by Dr. J. N. McCormack and Dr. J. W. Holland were read and discussed. At night Dr. J. J. Speed, the secretary, delivered a public lecture on Sanitation. Owing to the excessive heat the board did not achieve all that was expected. Still the meeting was profitable, and testified to the cordial feelings entertained by the physicians and the citizens of Hopkinsville toward the health-board. It is their plan at present to hold these meetings of a semi-public character at different points in the State for the purpose of interesting every one in what is emphatically every body's business.

AS THE very active daily press brings to light the family and individual history of Guiteau, it becomes apparent that the question of his insanity is one on which much may be said in the affirmative. Cooler counsels than those we hear at tea-tables and read at breakfast will probably judge him insane, but not so technically irresponsible as to be treated like a harmless lunatic. Criminally insane people should for society's protection be put where they can be prevented from committing further crime, and at the same time, for the sake of reason and humanity, treated with less rigor than the responsible criminal. It is doubtful if the law can be so construed as to accomplish this desirable consummation.

THE drift of opinion now is toward the view that the surgeons attending the President were mistaken as regards the track of the ball. Events of late indicate that neither the liver nor any other vital organ was injured.

Correspondence.

THE DANGER OF USING AN ANESTHETIC WHILE SUSPENDING A PATIENT TO APPLY A PLASTER-OF-PARIS JACKET.

Editors Louisville Medical News:

DEAR SIRS—In your number of July 9th I find the following:

FATAL RESULTS FROM THE APPLICATION OF SAYRE'S JACKET.—The patient, a child, suffered from a considerable kyphosis at about the junction of the dorsal and cervical vertebræ. It was restless during the suspension; suddenly the breathing ceased. Immediate tracheotomy showed the trachea free down to its bifurcation, and consciousness could not be restored. The breathing was stertorous, and the child died one and a half hours after the suspension. The autopsy revealed a very marked angular curvature of the spine and a very large abscess reaching to the mediastinum.—*Sonnenberg—Proceedings of German Surgical Society, Deutsche Med. Woch.; Maryland Med. Journal.*

In the Medical Record of May 7, 1881, page 527, in a letter from Berlin ("from our special correspondent"), is a narrative of the proceedings of the German Medical Congress, and among other things he says:

TREATMENT OF SPINAL DISEASE.—Another subject which attracted much discussion was the old one of the treatment of spinal disease by the Sayre plaster jacket and the pliable felt corset. Several cases were exhibited where, after injuries to the spine and resulting paralysis of limbs, bladder, and rectum, the patient had been treated by the application of a plaster or felt jacket, and great improvement had followed; paralysis of the bladder and rectum having disappeared, and the patient being able to walk with the jacket.

Prof. Langenbeck said he always chloroformed the patient before applying the corset, that the muscles might be wholly relaxed, and used extreme caution lest serious or even fatal consequences might follow the suspension of the patient. He related a case in which a patient in his clinic had been suspended for the application of the corset, in which there was sudden cessation of breathing, and, though respiration was partially restored, the patient died in an hour, despite the performing of tracheotomy and artificial respiration.

The post-mortem examination showed that an abscess, which was situated in the angle formed by the sinking together of the eroded bodies of the vertebræ, had been ruptured by the suspension of the patient, and the pressure of the escaping pus upon the trachea, and possibly upon the nerves, had caused the cessation of respiration.

In the International Medical Journal, and in several other medical journals, I have seen a description of the same case, and they all refer to Prof. Langenbeck as the narrator of the fatal case, and also quote his remarks about the use of chloroform during the suspension. I therefore take it for granted they all refer to this one case of Prof. Langenbeck's, and I take the liberty of saying that the "fatal result" *was not* "from the application of Sayre's jacket," but from the *improper manner of making the suspension*, and which was done in direct violation of the rules I have laid down for its performance; and therefore my plan of treatment should not be held responsible for this death, and you have therefore no right to head your article "*Fatal Results from the Application of Sayre's Jacket.*"

In my work on Spinal Curvature, pp. 21, 22, will be found the following:

Before narrating the cases illustrative of the principles of treatment here advocated, I wish to give, or, rather, repeat a word of caution, fearing that I may not have enforced it with sufficient distinctness already. It is this: *Do not attempt the impossible*—do not try to straighten curved spines, the result of caries, that have become partially or completely consolidated. If nature has already thrown out ossific matter, and adhesions are beginning to take place, *do not break them up* by too severe extension, but simply extend the patient very slowly, so that the contracted muscles alone will yield, *until the patient says he feels comfortable, and never extend the patient beyond that point.*

If it is a child who can not talk, watch his countenance, and as soon as the expression of *pain* is changed to one of *pleasure, there stop*, and *secure* your patient by the plaster bandages, keeping him in that position until the plaster has set; he will then retain this sense of comfort so long as the bandage is properly adjusted.

If the patient is under the influence of an anesthetic, it is impossible for him to give you the information desired—and no one else can. It should therefore never be used in the suspension of a patient suffering from Pott's disease under any possible circumstances.

There is no pain whatever given by the *proper* application of the suspension, and therefore no anesthetic is required to relieve it. On the contrary, the proper application of suspension gives immediate relief to the patient, and this is the invariable testimony of the many hundred cases in which I have employed it. I therefore assume the right to speak with some degree of positiveness on the subject.

At the meeting of the International Medical Congress at Amsterdam, in 1879, while practically demonstrating the treatment before the association I remarked, "I have learned that some surgeons administer an anesthetic during the suspension. I think this practice extremely dangerous, and should most strongly condemn it." (See British Med. Jour., Sep. 27, 1879.)

Notwithstanding the caution thus prominently given to the profession, it will be seen by the records of the German Medical Congress that some surgeons still persist in this dangerous practice, and medical journals in various parts of the world head their articles in large type, "Fatal Results from the Application of Sayre's Jacket," when in fact the treatment is in direct violation of the principles I have endeavored to teach.

Hoping that this communication will have the effect of drawing the attention of the profession to the danger of this practice, and thus prevent the further sacrifice of life and also protect a plan of treatment which has proved to be of such value from being brought into discredit by misrepresentation, I remain,

Yours most respectfully,

LOUIS A. SAYRE.

285 FIFTH AVE., NEW YORK, July 15, 1881.

Editors Louisville Medical News:

Under the head of Lactic Acid in Chronic Cystitis, in a recent number of the NEWS, I was impressed with your suggestion to try the use of copious draughts of buttermilk alone. Having on hand at the time a case of chronic gonorrheal cystitis that had resisted all the usual methods of treatment, I at once discontinued all other remedies and directed the free imbibition of buttermilk. At my next visit, four days afterward, I had the satisfaction of finding the patient well, and at present writing there has been no return of the symptoms. As the results in a single instance are not conclusive, I would urge our professional brethren to give this simple remedy further trial.

W. P. DUNBAR, M.D.

GREENVILLE, TEXAS.

Editors Louisville Medical News:

For twenty years I had suffered greatly from that annoying disease, pruritus ani, and had placed myself under the care of various physicians at different times, but without the least benefit. About two years ago I noticed a brief paragraph in the MEDICAL NEWS to the effect that balsam peru would relieve that trouble. I tried it, and it gave immediate and entire relief. The disease still clings to me, but when it becomes annoying a single application of the balsam affords relief. Of all the medicines which I have tried this is the only one that has had any effect.

* * *

Clinical Lectures.

MÉNIÈRE'S DISEASE (OR AUDITORY VERTIGO) CURED BY QUININE.

CLINIC, UNIVERSITY OF LOUISVILLE, APRIL 18, 1881.

BY J. W. HOLLAND, M.D.

Professor of Diseases of the Nervous System, University of Louisville.

[Reported by N. B. Shands.]

Gentlemen — Here is a case of vertigo which will illustrate the value of a close study of minute symptoms. Though to the patient our queries may appear irrelevant, yet as you have often heard, the key to the problem which each case presents for solution will often be found in the apparently trivial phenomena.

Mrs. O'Neal, aged sixty years, house-servant, complains that she has been dizzy for twelve months. Let us see if we can get some clue to the cause of this dizziness. Vertigo is often due to indigestion, but *gastric* vertigo is not apt to last so long. She reports no dyspepsia, but says that nausea frequently attends the paroxysms of vertigo. The vertigo of *biliousness* is usually transient, being remediable by light diet and a mercurial purge. The nausea of gastric vertigo is commonly the first symptom; in Mrs. O'Neal it succeeds other phenomena.

Going back to the first paroxysm, we are informed that she was stooping down scrubbing the floor when suddenly she heard a loud clanging noise and fell down to the floor. This is a description of a typical stroke of *auditory* vertigo. The loud noise and the fall return on her frequently. Every night she awakes with a great start owing to this noise which she says sounds as if some one had "dropped a shovel upon the stove"; every thing "spins round," her "stomach gets sick," and sometimes she vomits, while she clutches the bedpost in terror to keep from falling out of bed. This, mark you, is a nightly occurrence, and may be brought on by simply turning in bed or trying to rise. In the daytime she is liable to vertigo at any moment; indeed it is almost constant, necessitating a companion when she goes on the street. She walks with a staggering gait, catching at the doorposts as she came in, and if alone holding to walls and fences. She says that she often falls in the daytime, turning to the right side as if that gave way first. She turns pale, as if about to faint, and sweats copiously at the time of seizure. She can not stoop without falling, and occasionally after a meal the attacks are accompanied by vomiting. The attacks last a few seconds or minutes.

In any case of vertigo, but especially one attended by loud sounds, it is important to determine the existence of ear-trouble. I find no accumulation of hardened cerumen in either ear. This has been known to cause various reflex symptoms seemingly grave. There is no history of ear-pain or discharge, but on testing the hearing I find that of the right ear a little less acute than the left. Take note that this is the side to which she gyrates in falling. She says the right side feels weaker. If when on the street a noisy wagon or a band of music passes the vertigo returns with great intensity, and she must brace herself to keep from falling. "A roaring sound in her head" is a perpetual source of annoyance, broken only by the more aggravating vertiginous attack. Her face

has an anxious and jaded expression, such as would naturally accompany the miserable feelings of a person afflicted as she is.

Every one has suffered at some time from dizziness. Now put yourself in the patient's place, so as to realize her mental state. Imagine this dizziness as almost constant for a year, like a sea-sickness for that time; nauseated at intervals, walking on uncertain feet, and apparently growing worse instead of getting your sea-legs on. Think of the night terrors upon awaking with that clanging noise, or of the giddiness upon turning suddenly in bed, and you have a condition of things than which there can be few more distressing.

It is on excellent proof that these symptoms are assigned to a disease of the semicircular canals of the internal ear. A staggering gait can be induced in the lower animals by injury to this part, the character of the movement corresponding to the canal injured. The connection between these phenomena and the labyrinthine disease was first discovered by Ménière, and in his honor the disease has been named. A disease of the middle ear may cause pressure through the membranes upon the fluid within the labyrinth, and thereby cause the vertigo. It is the opinion of some pathologists that it may be excited by disease of the trunk of the portio mollis or of its ganglionic center in the medulla. It is of great importance in diagnosis to exclude the epileptic vertigo, which has a much graver significance. This is done by the absence of loss of consciousness, which is the essential feature of epileptic attacks. There is no spasm or paralysis of any limb or of any single muscle to indicate brain-trouble.

In the treatment we shall be guided to some extent by the theory of its cause. If there was any ear-mischief evident, that should be treated directly. We learn that previous to the original stroke there was no pain nor discharge from the ear, and that the defective hearing has been observed only since the vertigo came on. It has slowly increased to a point that can hardly be called very decided. I shall order for her Charcot's remedy, to be used after the method he found most successful. It is quinine, not in tonic doses nor as an antiperiodic, but for a continuous effect on the auditory nerve. To get this impression, she shall have five grains of quinine three times daily for a month. Then there shall be an intermission of one week, and, if necessary, the remedy will be resumed. Having tried this method before for this same disease, I feel confident that it will at least mitigate the symptoms if not remove them.

[April 25: The patient reported that she had taken the medicine as directed, and feels much better. She sleeps better, and does not awake with vertigo and terror. The incessant roaring in the head has given place to the ringing of cinchonism. The vertigo is less frequent and pronounced. She walked to the dispensary without assistance, though she brought a companion for fear of a return. She will continue the quinine.

May 2: Condition much improved; she shows it in her face. The look of dejection and misery has gone. Vertigo is now of rare occurrence. Her hearing is better, a very singular fact considering the amount of quinine she has taken.

May 16: She failed to take the quinine for one week, thinking it unnecessary to dose herself, as she was so much better. In consequence her nausea returned last week, though the other symptoms remain absent as before. She must resume the quinine.

May 23: Every symptom has disappeared. She says that she feels better than at any time in twelve months; walks alone, hears well, sleeps soundly, is in good spirits, and does her own house-work without discomfort. She shall leave off the quinine for one week, and if the symptoms return we shall give her one month more of the same methodical dosing.

July 13: The patient has been met on the streets free from her former disease; and as she has not reported at the clinic, it is fair to assume that the disease did not return.]

Reviews.

The Principles of Myodynamics. By J. S. WIGHT, M.D., Professor of Surgery, and Lecturer on Physical Science at the Long Island College Hospital. New York: Bermingham & Co. 1881.

This work represents an attempt to reduce to mathematical accuracy a department of knowledge hitherto left in the domain of descriptive science and common sense. It shows close study and deep research, and brings to light many points relative to the action of muscles, with other factors, in the production of fractures and dislocations, not before considered in works devoted to surgical anatomy. We do not believe that in the present state of knowledge The Principles of Myodynamics can become popular, for the student who masters the subject will be called on to review his studies in mathematics. But this aside there are to be found in the work many new suggestions of value to the surgeon in his practice and the anatomist in his demonstration of the action of muscles.

We anticipate, when the days shall grow cooler and the nights longer, some healthy mental exercise in mastering the propositions laid down by the author, and in following him through the demonstration of his problems; but at present we prefer something lighter and less abstruse.

The author is entitled to great credit for the work displayed in this volume, the character of which we believe is such as to bespeak for it a place in the library of any man who may be interested in the deeper things of anatomy and surgery.

THE suggestion of Gov. Long, of Massachusetts, is very timely. Distinct asylums, he urges, should be established for *insane criminals*.

YALE COLLEGE has just conferred the degree of LL.D. upon Austin Flint, M.D.

Books and Pamphlets.

ABORTIVE TREATMENT OF PNEUMONIA. By W. Y. Gadbury, M.D., Yazoo City, Miss. Read before the Mississippi Medical Society.

ARE ALL ANESTHETICS DANGEROUS WHICH CONTAIN CHLORINE, BROMINE, OR IODINE? By Edward T. Reichert, M.D., Newark, N. J. Reprint.

HIP-JOINT DISEASE. By De F. Willard, M.D. Microscopical Appearances, with Cuts, by E. C. Shakespeare, M.D. Reprint. Cambridge: Riverside Press.

MINUTES OF THE TWENTY-SIXTH ANNUAL MEETING OF THE KENTUCKY STATE MEDICAL SOCIETY, held at Covington, April, 1881. Louisville: Courier-Journal Job-room print.

HIP-INJURIES, INCLUDING HIP-JOINT DISEASE AND FRACTURES OF THE FEMORAL NECK, SPLINT FOR. By De F. Willard, M.D. Reprint from Philadelphia Medical Times.

A ROMANCE OF THE NINETEENTH CENTURY. By W. H. Mallock, author of the New Republic, etc. New York: G. P. Putnam's Sons. 1881. Sixty cents.

The author has achieved a wide reputation by the literary skill with which he serves up in a popular form his religious and philosophic objections to modern materialism. The solemn meaning of human life is sure to be the motive of all his vigorous writing, either in controversies or fiction.

Formulary.

INJECTION BROU.

The following is believed to be the formula of the much-vaunted gonorrheal injection of the above name taken from the register in the French public office:

℞ Zinc. sulph.....	gr. viij;	0.48	Gm.;
Plumbi acet.....	gr. xv;	1.00	"
Tinct. catechu.....	ʒj;	4.00	"
Tinct. opii..... } Aquæ..... }	āā ʒiij;	90.00	fl.Gm.

GONORRHEA.

Prof. Jno. Ashurst does not believe that in a simple uncomplicated case of gonorrhea internal remedies—such as cubebs, copaiba, oil of sandal-wood, and the like—are at all essential.

Should the urine be very scalding, the *chaude-pisse* very painful, a mixture such as the following dilutes and increases the quantity of the urine and relieves the patient:

Flaxseed tea.....	1 pint;
Sodii bicarb.....	1 teaspoonful;
Spiritus etheris nitrosi.....	1 tablespoonful.

To be drunk in divided doses within the twenty-four hours.

In the local management of the early stages of gonorrhea, he prefers what is sometimes called the modified abortive treatment of Ricord; he uses the nitrate of silver in the strength of one quarter of a grain to the ounce, in the form:

℞ Argenti nitratis..	gr. ij;	0.12	Gm.;
Vini opii.....	gtt. xx–xxx;	1.33–2.00	fl.Gm.;
Aquæ rosæ	fl.ʒ viij;	240.00	"

Fl. sol. Sig. Inject two syringefuls at a time every three or four hours.

The first syringeful is neutralized by the mucus in the urethra. Dregs of laudanum may be substituted for the wine of opium.

In the second stage a very good injection is one containing sulphate of zinc and acetate of lead. Between these two a double decomposition takes place. The acetic acid going to the zinc produces the acetate of zinc, a mild astringent; while the sulphuric acid combining with the lead forms the sulphate of lead, a soothing, impalpable powder. A good formula is the following:

℞ Plumbi acet.....	ʒvj;	180.00	Gm.;
Zinci sulph.....	℈j;	1.33	"
Aquæ.....	ʒij;	60.00	fl.Gm.

Ft. sol. Sig. Inject as before, every three or four hours.—*Medical Record.*

Pharmaceutical.

PAPAINE.

For some time pharmaceutical journals have contained notices of the above-named substance, a vegetable pepsin, and a digestive agent of peculiar properties. It is obtained from the juice of the unripe fruit of the *Carica papaya* (Jamaica papaw), and is used in Jamaica for the purpose of softening meat in process of cooking. The substance has been partially investigated by H. J. Rose (Amer. Jour. of Phar., Nov., 1880), and more fully by Bouchout and Wurtz, who have demonstrated its similarity to the albuminoid bodies, and its possession of rare digestive properties. They have proved its power of digesting all organized bodies; and, what is more remarkable, the action takes place equally well whether the tissue be living or dead. In addition, it has the power of converting starch into sugar, acting in this wise like diastase, ptyalin, and the intestinal juice.

Whether the great expectations that have resulted from these discoveries will be fully realized is a question for time and further trial to answer. At all events the known properties of this substance have been accepted as sufficient guarantee for a very wide range of experiments, and we hear of its use by injection into the bodies of non-malignant tumors for the purpose of breaking them down by its digestive action, so as to favor their absorption; as a solvent for the diphtheritic membrane, etc. We think, however, the field wherein its great utility lies is in its

property of peptonizing albuminoid bodies, for its power in this direction is most remarkable, and also its ability to bring starchy food into the condition most favorable for absorption.

A report by Dr. Albrecht, of Neuenberg, speaks of its efficacy in the intestinal lesions of a dyspeptic and catarrhal order, and mentions the benefit derived in the cases of children who were troubled with the passage of undigested matter in the stools, vomiting, etc. The prevalence of this class of diseases at this season of the year, and the complications arising from the trouble mentioned above, have caused the writer, at the request of several physicians, to procure some papaine, and to learn whether there were any foundations for the results claimed in the report alluded to. The researches of Wurtz have been mainly made upon fibrin, but desiring more positive knowledge as to its digestive power on casein—which constitutes the bulk of undigested matter passed by dyspeptic infants, or those suffering with so-called summer-complaints. I have made experiments as to its digestive power on this substance, and have found that in the course of four hours it digests fully sixty times its own weight of moist casein, converting it into a peptone precipitable by nitric acid.

Acting upon this result a syrup has been prepared containing ten grains per ounce of commercial papaine, which is the dried juice of the fruit, and contains twenty per cent of true papaine or papayotin. It is with a preparation like this that Albrecht's results were obtained, and a body having the power of rendering such a range of foods assimilable certainly promises a wide field of usefulness. The dose of this syrup would range from a half dram upward, depending upon circumstances.

J. A. Flexner,
Louisville, Ky.

Dr. W. Walling, of Louisville, is about to engage in the wholesale drug business in Indianapolis. With the versatility of an American, he will doubtless achieve in this new line the same success that has attended his professional walk with us. As fate is going to spoil a good physician, it must compensate him with a life of peace and plenty.

Dr. Eustace Smith, of London, says, "Mellin's food is by far the best of any with which I am acquainted. It seems to agree equally well with children whether they are healthy or diseased."

Miscellany.

The Origin of Milk-sickness.—A scientific contemporary gives an abstract of a paper, by Prof. E. T. Cox, on the Influence of Geology on Local Diseases, showing what has actually been done by rural drainage to eradicate the dreaded malady that used to prevail extensively in Kentucky and Indiana, known as "milk-sickness," because, first attacking cattle, it was communicated to human beings through the milk, butter, and beef of the infected animals. At first it was supposed that the cattle had eaten some poisonous plant; but every suspected grass and weed proved harmless on scientific examination. Then it was held that mineral poisons must lurk in the springs and brooks; but hundreds of samples were analyzed without detecting the presence of the enemy. At last an investigation of the clay shales—soft rocks formed from ancient mud beds, and which are microscopic in an eminent degree—revealed the secret. These formations abound in every infected locality, and it now seems clear that they exhale some sort of miasma, when saturated with water, which originated or aggravated the disease, just as other kinds of malaria bring on chills and fever. Proceeding upon this discovery, thorough drainage of the wet lands adjacent to the shale beds dried them sufficiently to terminate the conditions favorable to the spread of milk-sickness, and the disease disappeared.—*Med. and Surg. Reporter.*

Salicylage in Paris.—It is a grave reflection on the boasted civilization of the nineteenth century that the progress of science should be prostituted to the purposes of fraud. The researches of chemists on the constitution of ethers have long been applied to the manufacture of spurious wines, in which even the peculiar characters of particular vintages are closely imitated; but happily these factitious productions of the laboratory were so unstable that their sale was attended by a certain amount of difficulty. Recently, however, the discovery of salicylic acid—or rather, its artificial production, for which, as physicians, we owe so much to Prof. Kolbe—has enabled unscrupulous tradesmen to surmount these obstacles. In small quantities this body possesses the property of postponing the development of ferments and similar organisms; but after a time a kind of toleration is established, and a further addition of the antiseptic has

to be made. Meat, fish, milk, preserves, and other perishable articles of food are thus treated in France; but it is the common beers and the cheap wines so largely consumed in the cafés and restaurants that are the chief objects of this adulteration. Salicylated by the manufacturer that they may reach the cellars of the retailer unchanged, they are submitted by the latter to further dosage as often as he apprehends the approach of incipient decomposition or acetification, until at length they contain from one to four grams of the acid per liter (being about one dram to each quart); and Dr. E. Vallin has computed the daily dose of salicylic acid swallowed by working-men and other large consumers of *vin ordinaire* at not less than four grams, or sixty grains. Not only must the constant ingestion of such doses of an active medicinal agent be productive of direct injury to health, although its precise effects have not yet been ascertained, but, as with the use of alum in flour and bread, the practice enables dealers to dispose of inferior and unwholesome articles of diet, which without the aid of the adulterant would be unsaleable. To such a pitch has the procedure been carried that an agitation has been set on foot by medical men, in concert with honest wine-merchants and others, to obtain legislative prohibition of salicylage in every form.—*Med. Times and Gazette.*

Benefits of Sanitation.—London is not only the largest and the healthiest of the large cities of the world, but it is probably the only city that possesses trustworthy mortality statistics extending over a period of forty years. . . . We now know that the true London death-rate during last year did not exceed 21.5 per thousand, a lower death-rate than which has been recorded in only three of the past forty years. . . .

The health of London, which was practically stationary during the thirty years ending 1870, exhibited a marked improvement during the following ten years, and it may be estimated that at least seventy thousand persons within Registration London were living at the end of the ten years who would have died had the mean death-rate of the preceding thirty years been maintained. It is satisfactory to note, moreover, that if the last decade be divided into two quinquenniads, the death-rate in the later is considerably lower than that in the earlier five years. These facts are referred to by the registrar-general as affording strong evidence that the sanitary efforts of recent years have not been unfruitful, more especially as the increasing density of the population in London would inevitably have led to increased mortality if not counteracted by improved health organization.

The reference of the lower death-rate of the last decennium to improved sanitation in the metropolis appears to be more fully justified when it is borne in mind that the saving of life is almost entirely due to diminished mortality from zymotic diseases. It is shown that this mortality, which had been all but stationary during the three preceding decennia, fell during the last decade no less than twenty-five per cent below its previous average. . . .

We are reminded that nearly nineteen thousand more persons would have died from fever during the ten years in London if the rate from this cause had remained at its previous level; and further, that more than one hundred thousand Londoners were preserved from attacks of fever by the improved health-condition of the metropolis. The fatality of scarlet fever during the past ten years was also considerably below that recorded in any of the three preceding decades. The death-rates from measles, hooping-cough, and diarrhea were also somewhat lower during the last decade, although the decline was less marked.—*London Lancet.*

May Potassium Iodide Excite Bright's Disease?—In view of the very large doses which have been advised and are frequently administered in the treatment of syphilis, the question whether iodide of potassium may excite Bright's disease becomes one of considerable importance. In the American Journal of the Medical Sciences for July, 1881, Prof. I. Edmonson Atkinson, of the University of Maryland, calls attention to the large proportion of cases treated for advanced syphilis that present after death evidences of marked kidney-disease; and, in this connection, to the fact that syphilitic renal disorder in its characteristic lesion, the gumma, is comparatively rare, while the forms the most frequently encountered are not in themselves syphilitic.

In searching for a cause that might produce these changes quite independently of the syphilitic poison, Dr. Atkinson concludes that since iodide of potassium has decided diuretic action, and, as is known to clinical observers, may cause both albumen and casts to appear in the urine, the continuance of this remedy in some cases might lead to the

changes observed. He therefore made a series of observations upon seventy cases of late syphilis, of which nineteen presented evidences of renal alterations more or less grave. The relation existing between the administration of iodide in these cases and the appearance of mucous or hyaline casts and albuminuria was quite evident, as in a number the abnormal elements gradually disappeared after the cessation of the remedy. The condition appeared to be catarrhal in character, and the casts were the results of renal irritation. In no case, however, was extensive parenchymatous inflammation of the kidneys excited; but an obvious syphilitic disorder of the kidney in one case disappeared under the full and systematic use of the iodide.

The author's conclusion is that while the evil effects of the iodide of potassium are small and for the most part transitory, the occurrence of more severe alterations is not impossible—nay, is probable. To these evil effects some individuals are more susceptible than others.

THE Boston Med. and Surg. Journal, in a recent number, presents a portrait and biography of Dr. E. A. Holyoke, first president of the Massachusetts Medical Society. In giving an account of his habits, to a correspondent who inquired concerning them, Dr. Holyoke, who lived to be more than one hundred years old, writes as follows: "As to Drinks, I seldom take any but at meal times and with my Pipe—in younger Life my most common draft was Cider, seldom Wine, seldom or never Beer or Ale or distilled Spirits —But for the last 40 or 50 years, my most usual drink has been a Mixture, a little singular indeed, but as for me it is still palateable and agreeable, I still prefer it — The Mixture is this, viz. Good West India Rum 2 Spoonfuls, Good Cider whether new or old 3 Spoonfuls, of Water 9 or 10 Spoonfuls —of this Mixture (which I suppose to be about the strength of common Cider) I drink about 1-2 a Pint with my Dinner and about the same Quantity with my Pipe after Dinner and my Pipe in the Evening, never exceeding a Pint the whole Day; and I desire nothing else except one glass of Wine immediately after Dinner the whole Day. I generally take one Pipe after Dinner and another in the Evening, and hold a small piece of pigtail Tobacco in my mouth from Breakfast till near Dinner, and again in the Afternoon till tea; this has been my practice for 80 years."

"HOMEOPATHIC REMEDIES" DO NOT ACT HOMEOPATHICALLY. — The medical profession and the public will be interested to learn, upon the highest authority, that homeopathists do not themselves believe that what are called "homeopathic remedies" act *homeopathically*. It seems that no homeopathist has of late years even pretended that the drugs he employs cure disease on the principle *similia similibus curantur!* This dogma is simply a statement of the so-called "principle" on which the homeopathist selects his remedies. This is obviously a minor consideration, and one in which the public has little, if any, interest. What the patients of homeopathic practitioners expect from these gentlemen, and fee them for, is "homeopathic *treatment*." It is a matter of perfect indifference to the sick man or his friends how the physician *selects* his drugs. The only practical question is how he treats his cases, and in what manner the drugs act. Having elicited a frank confession of the facts as to the action of drugs, we can only appeal to honest men still connected with this so-called "homeopathic school" to abandon openly a position which they admit does not exist, and which is therefore only a name, full of meaning to the lay public, but of no significance to themselves. We do not wish to speak strongly on the subject, but it is certainly the reverse of candid to retain a name that means nothing and deludes the public. The truth is now at length before us on the admission of leading homeopathists, and the only possible inferences are writ large and plain.—*London Lancet.*

BENZOIC ACID IN THE ALBUMINURIA OF PREGNANCY AND SCARLATINA.—Dr. W. Scott Hill, of Augusta, Maine, calls attention to the value of benzoic acid in these cases, in an article in the American Journal of the Medical Sciences for July, 1881. The influence of benzoic acid upon albuminuria, and its property to cause the rapid disappearance of the albumen, is not mentioned in the text-books; but that it has value the experience of Dr. Hill seems to demonstrate, the notes of four cases being communicated in the paper. The acid was given in doses of one tenth of a grain to two grains, frequently repeated.

PITIFUL.—The legislature of North Carolina has made itself ridiculous by appropriating two hundred dollars per annum for the State Board of Health.

Sorghum Vulgare, or Broomcorn-seed, in Cystitis.—The popular use of broom-corn-seed tea in bladder-troubles has led Dr. Garnett, of Washington, to investigate its therapeutic value in chronic catarrhal inflammation of the bladder, the results of which he gives in an article in the American Journal of Medical Sciences for July, 1881. He uses a decoction of twice the ordinary strength (two fluid ounces to one pint), of which a pint is to be drunk daily. Dr. Garnett contributes the notes of four cases, in which manifest improvement followed the use of this remedy. What is particularly noticeable is, that while this agent relieved the disease, no decided augmentation was observed in the quantity of urine expelled.

The West Virginia legislature in May enacted laws to regulate the practice of medicine, *practice* of pharmacy, and *also that* of dentistry. It has also passed a bill making medical men privileged witnesses before the courts, and another to revoke the charter of the "Livingstone University of America," a notorious diploma-mill. There is also on the calendar a bill entitled "A Bill to Encourage and Regulate the Study of Practical Anatomy." The State is to be congratulated on the progressive spirit its legislators have shown. Credit is due the medical profession for securing the passage of the laws in question.—*New York Med. Record.*

Eucalyptol.—The experiment of Schultz in 1879 (*Centralb. für Chirurgie*) apparently demonstrated that oil of eucalyptus is preferable, in the Listerian maneuvers, to carbolic acid. The latter prevents the development of bacteria in a solution of 1 to 200, the oil in a solution of 1 to 666, in this respect being more than three times as strong as the former. Besides, it has a pleasant smell, is readily dissolved in alcohol, other oils, and paraffin, and is so harmless withal that more than a dram of it (five grams) was taken internally without any unpleasant effect.—*Med. and Surg. Reporter.*

High Mortality in Louisville.—During the last five weeks there have been one hundred and sixty deaths among children under five years old, sixty-two being from cholera infantum. The mortuary report for the week ending July 16th made a total of one hundred and twenty-three deaths, more than double the average. Twenty-six were from cholera infantum, twenty-one from sunstroke.

Selections.

The Pathology of Diarrhea in Phthisis.—By C. Theodore Williams, M.A., MD., etc. (London Lancet):

Diarrhea is often the cause of fatal termination in phthisis, its exhausting discharges reducing the weight and impoverishing the blood more than the cough and expectoration or even than the fever. Three different kinds of diarrhea are met with during the course of the disease: (1) That arising from acidity of the primæ viæ; (2) from intestinal ulceration; (3) from lardaceous disease of the intestines. A great deal of the diarrhea connected with the first stage of phthisis is attributable to the first cause, and many practitioners think when they have allayed this they have arrested ulceration, whereas they have only got rid of dyspepsia. It is unnecessary to dwell on this form, which as a rule arises from over-feeding patients, and is accompanied by a coated tongue, tenderness in the right hypochondrium and epigastrium, loaded urine, anorexia, flatulence, and frequent light-colored stools.

The second form, or intestinal ulceration, is the commonest cause of fatal diarrhea in phthisis, and prevails in a considerable proportion of third-stage patients. Louis found ulceration of the intestines in five sixths of his cases, Bayle in sixty-seven per cent of his, Lebert in sixty-seven per cent of his Breslau ones, and in only thirty-nine per cent of his Zurich ones. The Brompton Hospital post-mortem book for the last twelve months gives the following: Out of seventy-five cases of phthisis in which the intestines were examined, sixty-one had ulceration of a tubercular nature, giving a percentage of eighty-one, a higher percentage than that of either of the above authorities except that of Louis. It is only right to state that a most careful search was made on each occasion by the present pathologist, Dr. Ewart.

The pathology of tubercular ulceration requires a large number of specimens to display its exact course, most autopsies only showing the last destructive stages.

Ulcers are to be found occasionally in nearly the whole intestinal tract below the duodenum, but they are so extensive and involve so great an amount of the mucous membrane of the large intestine as often to give it an entirely worm-eaten appearance, and in many instances the large intestine of a case of phthisical diarrhea can not be distinguished from that of tropical dysentery, so well portrayed lately by Sir Joseph Fayrer in his Lettsomian Lectures. In the small intestine, however, especially in the ileum, we are able to trace the early steps of the ulcerative process, and I hope the cases I am about to relate will illustrate these. The first stage consists of an inflammatory hyperplasia of the solitary and agminate glands, as shown by their prominence when the intestine is opened. The second stage consists either in their conversion into pustules by formation of matter, or by their undergoing caseation. Either phase is followed by the third stage, which is the evacuation of their contents, leaving behind ulcers with smooth floors and sharp, clear-cut edges. Up to this point the process is held by many authorities to be inflammatory, and not strictly tubercular. After a while gray tubercle is detected in the floor of the ulcer, which in time undergoes caseation, causing extension, vertical or lateral, of the original ulcer.

The secondary tubercles follow the line of the

blood-vessels, and sometimes are seen from the peritoneal surface, demonstrating how deep these ulcers extend. When ulceration has arrived at this stage, each spot presents thickened irregular edges and an uneven floor. The intestinal wall around them is generally thin and wasted, and it is often easy to recognize the ulcerations from outside without opening the intestine. In time these patches, extending, join neighboring ones, and eventually the whole circumference of the mucous membrane becomes a mass of disease. It is in this condition that we often find the colon and sigmoid flexure. Before ulceration, however, reaches this degree it is not uncommon to find separate ulcers of great length. Louis found one measuring eight inches, the floor being formed by the muscular coat, except in the center, where even this had disappeared, and only the peritoneal coat remained. Considerable thickening of the peritoneal coats, especially in the region of the ulcers, takes place, and thus it is that perforation is comparatively rare. When it occurs, peritonitis is inevitably set up, but even then it is sometimes of a localized description, the extravasations being walled off by fresh adhesions. As a rule, however, the peritonitis is general, and death soon follows the perforation. Rindfleisch gives a case where several coils of the intestines were adherent, and perforations took place in the adjacent portions in five different places. Occasionally vessels are penetrated by the ulcerative process, and death occurs by hemorrhage. Hanot states that he saw two such instances in the service of M. Lasègue, in each case the amount of blood lost being very striking. After death the source was found to be a small opening in a vessel in the middle of a Peyer's patch, which was deeply ulcerated. Biermer gives a case of large intestinal hemorrhage following tuberculous ulcer of the rectum in a child. These are the most unfavorable pathological courses of the process; but, on the other hand, the ulcer may shrink, the walls become more indurated, and at length form a puckered cicatrix in the mucous membrane, largely contracting the circumference of the intestine; and in patients dying of chronic phthisis these scars are occasionally seen.

Accompanying the ulcerative changes we often find considerable swelling of the mesenteric glands, but this is generally the case in the later stages of the disease. Dr. Walshe found alternation in these glands in from one third to one fifth of his cases of phthisis.

Aneurism of the Arch of Aorta with Consolidation of Contents of the Sac Consequent on Treatment by Iodide of Potassium.—Dr. Geo. F. Duffey exhibited, at the Medical Society of the College of Physicians in Ireland (British Medical Journal), a specimen of aneurism of the thoracic aorta which furnished an example of the disease in a condition approaching to cure, by the coagulation of the blood within the sac of the aneurism, such result being fairly attributable to persistent treatment with large doses of the iodide of potassium. The aneurism was not the immediate cause of the patient's death. The subject was an army pensioner, aged forty-two. He was admitted into Mercer's Hospital on the 13th of March, 1880, under the care of Dr. Mason. A prominent pulsating tumor about the size of a small orange then presented itself at the right side of the manubrium sterni, extending behind the third and second costal cartilages of the same side. The tumor was soft and elastic, and evidently contained fluid blood. There was no bruit. The heart appeared to be in every way normal. Iodide of potassium was administered in gradually increasing doses, until at last the patient was taking from thirty to forty grains three times a day. The effects of these large doses was most satisfactory. They produced no unpleasant effects. He obtained complete relief from the pains; the tumor materially diminished in size—it became quite firm and hard to the touch; and the pulsation in it, from being forcible, elastic, and visible, was now barely perceptible. He was discharged from the hospital in this satisfactory condition on the 23d of July, 1880, after being under treatment therein a little over four months. An attack of bronchitis last February was followed by a fatal attack of pneumonia and collateral hyperemia of the lungs early in April. The post-mortem examination was made five hours after death. A globular false aneurism, intimately adherent in front to the manubrium sterni and first segment of the mesosternum, sprang from the right side of the aorta, commencing abruptly two inches above the semilunar valves, at its sinus, and extending along the transverse portion of the arch to within a short distance from the orifice of the left carotid. With the exception of a channel of about the caliber of that of the aorta of an adult, the sac of the aneurism, measuring thirteen inches in circumference, was filled with fibrin, deposited in a laminated manner, its cross section measuring when quite recent four and a half by three and a quarter inches. A flattened band of fibrin, attached by a broad pedicle to the clot, floated free within the channel of the aorta. The remainder of the arch of the aorta was atheromatous, but the great vessels arising from it were not materially affected. Dr. Duffey added that he had at present, at Mercer's Hospital, a case of aneurism of the aorta, which he was treating with thirty-five-grain doses of iodide of potassium, and great improvement had already been produced.

The Effect of Peripheral Irritation on Anesthesia.—The interesting observations of M. Grasset on the removal of anesthesia of cerebral origin by the application of blisters to the skin, demonstrate in a striking manner the influence which peripheral impressions exercise on the action of the central nerve-cells. That a similar influence may be produced when the cause of the anesthesia is not central but peripheral, is shown by an interesting case lately brought before the Société de Biologie of Paris by M. Malécot. There was anesthesia of the shoulder, arm, and upper part of the forearm following a wound two centimeters in length, about three fingers'-breadth below the outer extremity of the clavicle, and a finger's-breadth within the anterior axillary line. The resulting anesthesia involved the shoulder, arm, upper part of the forearm, and the front of the thorax on the same side, being bounded by an irregular line not corresponding to the distribution of any nerve. There was also some muscular weakness in the forearm. The wound healed, but the anesthesia remained for two months unmodified by any treatment. The anesthesia being regarded as reflex, the result of an action on the center, a blister ten centimeters square was applied over the cicatrix. Next day the sinsibility had returned in the forearm and inner part of the arm, just above the elbow. A second blister, just above the wound, increased the area of sensibility, and after a third blister the anesthesia of the shoulder and thorax gradually disappeared.—*London Lancet.*

The Inoculation of Rabies by Cerebral Substance.—In a note read at the Académie de Médecine, Prof. Pasteur first refers to a preceding communication from Prof. Galtier, of the Lyons Veterinary School, in which he stated that he had never been able to assure himself of the existence of the virus of rabies in the dog suffering from that disease in any other part of the body than the lingual glands and the bucco-pharyngeal mucous membrane. He had inoculated more than ten times, and always without success, the product obtained by the expression of the substance of the brain, of the cerebellum, and of the medulla oblongata. Prof. Pasteur then goes on to say, "I have the satisfaction of announcing to the Academy that our experiments [those of Prof. Pasteur and his assistants, MM. Chamberland, Roux, and Thuillier] have been more fortunate. On different occasions, and often with success, we have inoculated the medulla oblongata, and even the frontal portion of one of the hemispheres, and the cerebro-spinal liquid. Under these conditions the rabies has always exhibited its ordinary periods of incubation. The saliva is therefore not the sole seat of the rabid virus, the brain also containing it, and being there possessed of a virulence at least equal to that met with in the saliva of rabid animals.—*Medical Times and Gazette.*

Tuberculosis and Scrofula.—Prof. Grancher, Physician to the Necker, terminates a paper read at the Hospital Medical Society with the following conclusions, which are extracted from the Med. Times and Gazette:

1. Tubercle is a fibro-caseous neoplasm, the development of which takes place by successive stages during a very short or a very prolonged period. Its complete evolution may occupy some months or last during the whole of life; and it may be arrested at the early stages, so as not to pass beyond these.

2. Pathological anatomy and experimental pathology agree at the present time in comprising in tuberculosis, under the name *local tuberculoses*, the greater number of affections termed scrofulous.

3. Lupus and the superficial cutaneous or mucous inflammations, the last refuge of those who persist in separating scrofula and tuberculosis will probably in their turn enter into the same category.

4. The necessities of practical medicine not allowing of our confounding together all tuberculous affections, it is desirable to retain the word scrofula to designate the slighter and usually curable tubercular affections.

Nerve-stretching for Locomotor Ataxy.—Dr. Charlton Bastian has recently delivered a clinical lecture (British Med. Journal) at University College on a marked case of locomotor ataxy, the symptoms of which he described very minutely. The patient was about forty years old, there was wasting of the muscles of the extremities, especially in the left leg and thigh; at length the movements of his legs became slow and jerky; after walking a few yards he would become exhausted and his legs would double up under him. Mr. Marshall cut down on the great sciatic nerve on the middle third of the right thigh and stretched it with his finger, pulling it twice upward from below, thence twice downward from above; antiseptic precautions were employed. About five weeks later, the right lower limb having markedly improved while the left remained as it was before the right sciatic nerve had been stretched, Mr. Marshall operated on the left sciatic in the same manner. Troublesome diarrhea followed, but seven weeks later, when the patient tried to walk, his gait was found to be much better, the tactile sensibility, previously impaired in the lower extremities had become perfect. The first operation was followed in seven days by the disappearance of a constant aching pain in the hypogastrium, which did not return, although slight pain was felt in the lower part of the chest. In a less advanced case treated in the same manner the improvement was but slight. The wounds in these cases were slow to heal. Dr. Bastian does not attempt to explain the mode in which nerve-stretching acts, but if it is found to do good it should be practiced. The manner by which many drugs act specifically on many morbid processes is quite unknown, yet that is no reason for not continuing their use when they are known to be beneficial in disease, and the same principle now applies to nerve-stretching.

Hemoptysis removed by Menstruation.—Hippocrates (Aph. v, 32) says, "Hemoptysis in a woman is removed by an eruption of the menses." Illustrations of the truth of this aphorism are not common, but the following appears to be a case in point: Catharine T., aged twenty-four, widow, was admitted as an out-patient at the General Hospital on March 24th last, complaining of bringing up bright-red frothy blood. She first spat blood two years ago, after carrying a heavy trunk, when it lasted a week. It came on again last spring, and lasted a week. Just before Christmas she spat a great deal of blood, and since that time it had come on every month for a week before menstruation, and had stopped at the establishment of that flow. Menstruation had lasted only two days, and had been scanty. She had a slight cough in the morning, but no expectoration except blood; no dyspnea, pain, wasting, or sweating. The tongue was clean, the appetite good, the bowels open; she slept well. The heart-sounds were normal. There were some slight flattening, and diminution of the breath-sounds at the right apex. Under the use of ergot the hemoptysis has not recurred.—*Robert Saundby, M.D.Edin., in the British Medical Journal.*

Rupture of Internal Organs without Apparent External Lesion.—We read of two such cases in the reports of the *Société Anatomique* (Paris). The first occurred in the service of M. Duplay; the patient had been caught between a wagon and a lamp-post. There seemed to be no external contusion, but the patient complained of intense pain in the hypochondrium. At the autopsy a complete rupture of the kidney was found, with a torn condition of the spleen; there was effusion of blood between the layers of the omentum and mesentery. In the second case a workman was thrown from a team; his hernia escaped from beneath the truss which maintained it at the moment of the accident. There was no sign of abdominal contusion, and the symptoms simulated those of strangulated hernia. At the autopsy a small opening about the size of a dime was found in the small intestine; there was effusion of the intestinal contents into the cavity of the pelvis, and generalized peritonitis, but no strangulation of the intestine.—*Medical Press and Circular.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

THE SURGERY OF EMPYEMA.

If there be one point in practice upon which modern surgeons are agreed it is that pus in the pleura must be evacuated by surgical interference. As regards the best method of maintaining drainage, there is a great variety of opinion. There are some differences also on the advisability of irrigation and the lotion to be used. It has not been many years since the harmony on the first-named point became evident. Less than forty years ago Gerhard said "he would as soon put a bullet through the chest of a patient" as to make an incision.

The introduction of the aspirator and the remarkable success obtained by Bowditch, in thoracentesis, have done much toward removing the prejudice formerly entertained against thoracic surgery. Dr. Bowditch at one time was disposed to laud the aspirator in purulent effusion as superior to incision, which he regarded as a "relic of medieval surgery." In a recent letter to Dr. G. M. Staples (Chicago Med. Review) he writes: "For empyema, or even when very little pus is visible after tapping, generally we think it best to make an opening large enough to admit two tubes, so that thorough washing out with carbolized water may be accomplished. Sometimes, as in an actual case now under treatment, I add an astringent—three grains of tannin to an ounce of water. Above all things let no accumulation of pus take place. Do this and sustain with quinine or alcohol, or both in some form, taking care not to teach drunkenness, and you will have my plan at present."

Most surgeons of today, as soon as they have ascertained the purulent nature of the fluid by exploring with a hypodermic syringe, would, like Fraentzel in Ziemssen's Cyclopedia, think it a waste of time to resort to aspiration, though there are some who advocate its use twice before making the free incision. In our experience the fluid is certain to reaccumulate.

Dr. Goodhart made an analysis of seventy-seven cases, and gives in "Guy's Hospital Reports" for 1877, the following result: Of fifteen who were not operated on, two only—and they were children—recovered without discharge of pus. In eleven of the fifteen the effusion was removed after pointing either by spontaneous discharge or incisions. Two of these made good recoveries from single incision, the remainder, by the method of free drainage, got entirely well.

At one time there was a great dread of admitting air, lest it irritate the sac by setting up putrefactive change in its contents. The impossibility of making a free opening without allowing air to enter has driven operators to devise expedients for disinfecting the air as it enters the canula, by Lister's spray, closing with the regulation antiseptic dressings, and repeating the process twice a week. There is weighty authority for the double opening and U-shaped drainage-tube discharging the pus as fast as it forms, before it becomes fetid. Many successes have been reported for the operation by single incision; freedom from fetor being secured by frequent irrigation with

warm carbolized or thymolized water, or water plain.

Dr. Stone, of New Orleans, praised highly the operation of exsection of a portion of a rib so as to give ample exit to the contents of the pleura. This may answer in the case of adults where deformity of the spine and thorax are not usual attendants upon pleuritic effusion, but in children the ready adaptability of the chest-wall to the collapsed lung is a feature to be considered. Dr. Jacobi does not approve of exsection, and Dr. J. Lewis Smith, before the New York Academy of Medicine, is reported as expressing his belief that there will be a reaction against it in all cases. The latter—like Dr. Agnew, of Philadelphia—does not favor washing out the cavity unless the pus is offensive, and is inclined to regard irrigation as more injurious than beneficial. It may be urged in reply that unless you resort to through-drainage by a double incision, so as to have constant discharge, you are very sure to have fetor in the retained pus unless you practice Listerism by spray or frequent irrigation to prevent it.

Dr. F. E. Martindale, in the July number of the American Journal of Medical Sciences, has a clinical report of a case which recovered by through-drainage and irrigation. An opening and counter-opening were made under spray and daily washing practiced with all the Listerian precautions. After all his trouble his results are not so good as those obtained by Dr. Staples (Chicago Med. Rev.). Of course no method is equally successful in all cases, each must be udged on its merits; but Dr. Staples makes a comparative study of a number of cases reported by different observers, and concludes that the ratio of recoveries and duration of treatment are not so largely in favor of the Listerian method as the enthusiasm of its friends would have us believe. The twice-daily washings and dressings described by Fraentzel kept up, it may be, for months, present to the surgeon difficulties of detail to justify which there ought to be well-attested evidences of advantage.

Among the operations by a single opening lately recorded, that of Dr. Staples has much to recommend it. His case was an unusually favorable one, as it recovered entirely in twelve days after the operation. A three-sixteenths rubber drainage-tube was introduced to the extent of five or six inches through an incision in the eighth space, and left hanging outside eight inches in length. He claims that as the base of the chest is considerably lower behind than in front, the usual point of incision is above and in front of a cavity, which increases in depth as it goes backward. This cavity must fill up before the pus will flow out of the ordinary opening or drainage-tube; hence there will always be some remaining to irritate and decompose, unless the discharging-tube reach to the bottom. This seems wholly reasonable, and that it is practical a recent case of the editor's has exemplified. Dr. Staples magnifies the importance of having a long tube outside. It is convenient, enabling the operator to wash out and empty the pleura without dragging on or rubbing the sore opening, but it does not act as a siphon, as the doctor supposes. In order for it to act as a siphon there must be like conditions of atmospheric pressure within and without the thorax. Unless there is an open space round the drainage-tube at the point of entrance, the pressure on the column of fluid in the tube will depend entirely upon the elasticity of the chest-wall or the expansion of the lungs. This, however, is not important. The tube will in the adaptable thorax of a child empty the sac without the siphon-action. In an adult a large opening may be necessary if the siphon idea be counted of value. The tube is to be retained by two or three strips of plaster wound around it and attached to the side. A tight thread around the tube will close it when it is desired to preserve cleanliness.

The favorite wash with most writers is carbolic acid, two or four grains to the ounce of water, at 100°. Some prefer quinine in solution. In obstinate cases these have been varied occasionally with tinct. iodine, thirty

minims to the ounce, though Dr. Day says that iodine in even the smallest amounts is apt to cause pain and fever. In any case if the single opening does not stop the fever another must be made at the most dependent part and through-drainage kept up.

THE PRESIDENT'S UNFAVORABLE SYMPTOMS.—The alarming symptoms developed in the condition of the President on Saturday, the 23d instant, proved to be nothing more serious than the rigors, fever, and sweating so often seen accompanying the formation of an abscess.

It is not surprising that this unfavorable turn should have led the attending surgeons to fear pyemia, and to seek the advice of the consulting surgeons before attempting any operative measures for the letting out of the accumulated pus. The track of the ball, which up to this time had freely discharged pus, it would seem, had closed because of granulation near the point of entrance, giving rise to an abscess at a site about three inches below this point. This abscess was readily diagnosed, and Dr. Agnew cut down to it, giving exit to the contained pus, with almost immediate relief of the symptoms. Subsequently this incision was enlarged and several pieces of the fractured bone removed. The discharge is now through the counter-opening. As we go to press the condition of the President is as favorable as under the circumstances could be expected. The temperature, pulse, and respirations are but little above normal, and he is able to sleep soundly, awaking refreshed.

Though the dangers of pyemia and exhaustion are still in his way, there is good reason to believe that the President will survive his injuries. Careful microscopic and chemical examination of the discharge from the wound has failed to reveal the presence of liver *debris* or bile, and there are good reasons, from a practical as well as a theoretical point of view, for the belief that the cavity of the abdomen was not entered; and consequently no vital organ injured.

Original.

THE ARMAMENTARIUM OF THE GENERAL PRACTITIONER.

BY WILLARD H. MORSE, M.D.

PART VI.

XXXV. BULLET INSTRUMENTS.

Every physician in general practice has more or less frequent occasion to meet with gunshot-wounds, where a bullet is to be extracted, and needs to have by him some of the many "bullet instruments." The bullet probe of best reputation is Nélaton's (sixty cents), its porcelain head and beautiful finish making it both serviceable and admirable. Sayre has a vertebrated probe ($8) of some worth. Hamilton's Nélaton's set of three ($2.50), the long silver probe ($2.50), the whalebone (sixty cents), and the well-known "lead-bullet probe" (fifty cents) are all of good reputation. Some years ago Tiemann & Co. introduced the bullet forceps that bears their name, and it has upon its own merits won an enviable name. In the late Franco-German war it was put in use by the army surgeons, and styled "the American bullet forceps." The price is $2.25, and it is well worth it. Gross's forceps ($2.50), Hamilton's ($2.50), Thomasin's ($2.50) are other makes. The U. S. Army forceps enjoys the prestige of a glorious name ($2). Of bullet seekers, honor is asked for the "burr-head" ($1). There is also the flexible seeker, sold at $6, but by no means six times better than the "burr-head."

XXXVI. AUXILIARY LARYNGOSCOPIC INSTRUMENTS.

Other than those noticed elsewhere in this series of papers there are a few laryngoscopic and esophageal instruments that are needed. Among these are the bristle probang ($1.50), well known to most of my readers, and necessary for every cabinet; a set of esophageal dilators ($4); a Buck's sponge-holder ($1.50); a flexible stem brush-holder, and twelve brushes ($2); and a Leute's probe ($1.50). If one makes a specialty of throat-diseases he of course needs a larger number of instruments.

XXXVII. TRACHEOTOMY INSTRUMENTS.

Every physician should be prepared to do tracheotomy if necessary, and to this end he needs a fair complement of instruments. Thirty dollars will buy the necessary instru-

ments, comprised as follows: A Wells's retractor ($2), scalpel ($1.50), a Buck's guide ($2), a Langenbeck's hook ($3), a Langenbeck's tracheotome ($4), a Trousseau's dilator ($2.50), Tardieu's scissors ($5), forceps ($2.50), canula ($4), mop (seventy-five cents), double tube ($6). This makes out a full set, with what is to be found in the pocket-case, and the chief prerequisite to its effective use is fearlessness.

XXXVIII. URETHRAL INSTRUMENTS.

A few words as to urethral instruments that I have not elsewhere mentioned. Of these, what do we need? A meatoscope? No. An endoscope? That depends on the size of purse. Désormeaux's is sold at $60 to $125; Laveur's is $20; Dr. Skene has an article for $2.75, that works well. Bougies? We must have them. There are the olive-pointed, indispensable (seventy-five cents), gum filiform (seventy-five cents), bulbous ($1), olivary whalebone (fifty cents), red English, ever necessary (forty cents), French elastic (seventy-five cents), Otis's (fifty cents), and a number of others. As to sounds: There are several makes at $1.50 each; Sayre's, Gouley's, Van Buren and Keyes's, Lawrence's, and Bumstead's. Faith pinned on Gouley's is perennial. Of urethral syringes there are the "long-pipe" ($1.25), Bumstead's ($2.50), Dick's caustic ($3.50), Bigelow's ($6), Otis's ($5), Parker's ($4), and a few others. Take your choice and resolve to be suited. Concerning dilators, there is nothing better than Bumstead's Holt's ($18), but Thebeaud's ($10) answers every purpose, and is made upon a good principle. As to divulsors, don't buy one. They may be very nice, but you have your dilator. Do you propose performing urethrotomy? If you do, then choose your urethrotome. There are thirty or more makes, some cutting in one way, some in another. All may be efficient; but guard against one that divides the morbid tissues but partly and works without your control. The operation should not be a mechanical effort, but an intelligent action. The best operators prefer the Civiale instrument, and I desire to recommend it. Though only one of many French urethrotomes, it is worthy of precedence over all others. The price is $12, and it pays for a reliable instrument. External urethrotomy few will undertake, and the same may be said of lithotrity, lithectasy, or lithotomy, therefore I shall not waste space describing instruments for performing these operations. Then there are urethrometers, over-distenders, debris-syringes, and guides; but of these the general practitioner has no need. In operations about the urethra we place almost as much dependence on a good instrument as on a skilled hand, but the two should marry. By the way, a urethral case can be bought for $125.

XXXIX. FUNIS-CLAMPS.

Six years ago Dr. E. R. Pulling devised an elastic funis-clamp, made of a strip of thin steel doubled on itself. It is clasped upon one end, fitting under a slide, and is safer, more effective, and as simple as the ligature. It gives constant pressure, compressing the cord to the perfect obliteration of the vessels, and is both sure and convenient. Tiemann manufactures it, and the price is forty cents. I would advise the purchase of two of these.

XL. NEEDLE-HOLDERS.

There are operations in which a needle-holder is a necessity. Without it the physician should never undertake any operation however simple, as it may be needed and should be held at hand. But in gynecological practice it becomes the better known the more sufficient. Let me recommend Dr. DeGaine's as deserving of highest honor. It is a Russian invention, but is now made in this country. The price is $4.

XLI. THE SURGEON'S SAW.

Saws of different shapes and for different purposes are used in surgery. Of these the general practitioner may have need. Though it may hang on its nail for years, there should be in every cabinet an amputation-saw. Parker's ($5) is the equal of any. A Hey's saw ($1.50) is not without its merits. For a "subcutaneous" saw Shrady's ($7) is the best. A chain saw may be purchased for $8. Reynders makes a fine resection saw, bow-shape ($6.50); and a metacarpal saw ($1.75) that has no rival. Stohlmann, of New York, makes a bradsaw ($6) that is excellent in contrivance. Lewis's folding saw is neat, serviceable, and worthy of some meed of praise; price $2.50. I can not recommend any one to transform his cabinet into a tool-chest for the sake of possessing a full stock of saws, but the few that I have mentioned are of real advantage if there is any surgery to be done.

XLII. SURGICAL SUNDRIES.

Under this head may be mentioned several articles in common use, as bandages, suture-

and ligature-silk, cotton, gauze, lint, rubber goods, adhesive plaster, and silver wire, etc. Roller bandages may be purchased at any width for $1.50 per pound, and where old linen, flannel, or cotton are not to be conveniently had, are well worth purchasing.

The "best silk" for ligatures or sutures is variously named. I prefer the "Corticelli" make, and can recommend it as being equally as good as the much-vaunted satin silk. Von Brun's cotton and lint are beyond doubt the best to be found for surgical purposes.

Seabury & Johnson put on the market some excellent rubber and isinglass adhesive plasters and I consider them better than any others.

Of rubber goods, a physician needs bandages, tubing, ice-bags, rubber cloth for lying-in bed, and several other articles which will be described in the appropriate places.

Silver wire for sutures, costing fifty cents a coil, is always worth having. Drainage-tubing, of rubber (forty cents per yard), may be had in three sizes, and Ellis's drainage-spiral (seventy-five cents) should be purchased with it. Litmus paper—more properly a medical than a surgical sundry—is of course one of the indispensables. Every physician has frequent use for a tape-measure, and one of these little instruments should be in your pocket as well as in your wife's work-basket. One with steel ribbon is sold for $2.75, but a fifty-cent tape-measure is just as good.

On every back-office table should be found a mortar. A small size, purchased for fifty cents, is my favorite. An alcohol lamp should stand by the side of the mortar, and be used as frequently. It may be bought for fifty cents. A vacuum dropper (sixty cents per dozen) is a valuable little article. Mention may also be made of Stoerk's drop-tube, sold at $2.25 and warranted accurate.

Other sundries or articles that may come under this head are in brief: Glass tubing, $1 per pound; sponges; spatulas (steel, at twenty-five to seventy-five, or horn, five to twenty-five cents); percolators, fifty cents each; funnels, ten cents to $3, as to quality; blowpipe ($4); liquid guttapercha, $3 per pound.

XLIII. STOMACH-PUMPS.

Some seventy years ago the eminent Dr. Physick introduced into America, or invented, the stomach-pump. It was esteemed a "great thing," says a contemporary, "inasmuch as it pumped out poisons and pumped in food." It is still, and always will be, in repute. Of the stomach-pumps some of the best-known are Toswill's ($2.50), Tiemann's ($10), Lever-action ($16), Reynder's ($15). Of these I like Toswill's, for which is claimed the merit of cheapness and simplicity. It works by a siphon arrangement, and the essential action is obtained by the most simple means. It needs no praise of mine, it speaks for itself.

PITTSFIELD, MASS.

Correspondence.

A CASE OF PUERPERAL ECLAMPSIA.

Editors Louisville Medical News:

On the 14th of March last I was called to see Vinie Williams (colored) about eighteen years old, primipara, who for three hours before my arrival had been having puerperal convulsions every few minutes. She was comatose. A very fleshy woman, her previous health had been good till within four or five hours of her first convulsion. Her mother said that she had complained of headache, stupor, and sick stomach. Her breathing was stertorous and her right arm and leg motionless. Between the convulsions she was continually moving her left arm and leg in all directions.

I at once took about eighteen or twenty ounces of blood, and gave her fifteen grains chloral hypodermically and twenty grains by the mouth. Half an hour afterward I took ten or twelve ounces more of blood and repeated the injection of chloral. The convulsions were now at longer intervals. I repeated the chloral, fifteen grains every hour hypodermically, for six hours. By this time the convulsions had about ceased, and then labor began. She was soon delivered of a large male child, stillborn. The convulsions continued for some time after the child was born. I continued the chloral by the mouth until they had ceased entirely. In twelve hours she had taken one hundred and eighty grains of chloral, and half that amount was given hypodermically, without any bad results. Her breathing was natural, pulse 100, although she remained comatose for thirty-six hours from the time she was first taken. It was several days before she recovered the use of her right side. There were no sores from the use of the hypodermic syringe, as I had feared.

J. A. LONG, M.D.

SENATOBIA, MISS.

Clinical Lectures.

SOME DISEASES OF THE NEWLY-BORN.

BY WM. T. PLANT, M.D.*

Professor of Diseases of Children, etc., Syracuse University, N. Y.

Gentlemen: At our last interview we were employed in considering one of the dangers that may threaten the life of the newly-born infant, namely, apnea infantum. There are other maladies incident to this early period that claim your attention since you are liable to meet with them in practice. One of these is umbilical inflammation. From faulty care of the stump, from traction upon the cord, from want of cleanliness, from pyemic infection, or from an unhealthy condition of the system, inflammation may occur at the navel within a few days of birth. We do not often meet with it, because most nurses take thoughtful care of the umbilical dressings. It is oftenest seen where the hygienic surroundings are unpropitious, especially if the little patient is predisposed through hereditary taint to constitutional disease. But it does sometimes occur to healthy children in healthy localities. It may exist in various degrees. There may be an erythematous blush only around the umbilicus that subsides readily under the simplest treatment—or under no treatment; or the inflammation may be so active and rebellious as to lead to ugly ulceration and perforation; or perhaps to diffused peritonitis. It may even invade the omphalic blood-vessels and cause fatal arteritis or phlebitis.

Treatment. If the inflammation is slight and the surroundings are favorable to recovery, not much treatment is necessary. A simple water-dressing or a mildly-astringent lotion like this:

℞ Plumbi acetatis.....	gr. xlv;	3.00 Gm.;
Aquæ puræ.....	fl.℥ viij;	240.00 fl.Gm.

will answer the purpose. Fresh oxide of zinc ointment is also a good application.

If the inflammation is intense and actively progressing, a fatal result is imminent. It is of the first importance to surround the child with a pure atmosphere. This may necessitate a change of quarters. Then command personal cleanliness, not only for the infant but for its attendants. Very likely these commands will not be obeyed, but they are essentials and it is your duty to give them. For local treatment, remove the band and apply to the umbilicus a folded cloth wet with a solution of carbolic acid. Here is a good formula for the purpose:

℞ Acidi carbolici.....	℥ ss;	2.00 Gm.;
Glycerinæ	fl.℥ x;	40.00 fl.Gm.;
Aquæ.....	fl.℥ viij;	240.00 "

Or, if you prefer it, you may lay a light poultice from bread or ground flaxseed, wetted up with the above solution, over the part.

While the inflammation is in progress you will need to look well to the strength of your little patient. From five to ten drops of brandy, or its equivalent of some other stimulant, should be given with milk or sugared water several times daily.

TWENTY-SIX States have boards of health.

*From a clinical lecture.

Books and Pamphlets.

TUBERCULAR LARYNGITIS. By C. J. Lundy, M.D., Detroit. Reprint.

ADVANCEMENT OF THE RECTUS. By A. E. Prince, M.D., Jacksonville, Ill. Reprint.

GLAUCOMA CAUSED BY MENTAL WORRY. By L. Connor, A.M., M.D., Detroit. Reprint.

SPEECH OF HON. BENJ. W. HARRIS, OF MASSACHUSETTS HOUSE OF REPRESENTATIVES, February 18, 1881.

COLOR-BLINDNESS. Remarks of Dr. B. Joy Jeffries, of Boston, Mass., at the Twenty-ninth Annual Meeting of the Board of Supervising Inspectors of Steam-vessels.

AMERICAN NERVOUSNESS, ITS CAUSES AND CONSEQUENCES: A Supplement to Nervous Exhaustion (Neurasthenia). By George M. Beard, A.M., M.D., etc. New York: G. P. Putnam's Sons. 1881. Price, $1.50.

THE MONTHLY INDEX TO CURRENT PERIODICAL LITERATURE, PROCEEDINGS OF LEARNED SOCIETIES, AND GOVERNMENT PUBLICATIONS. Published at the office of the American Bookseller, 10 Spruce Street, New York. One dollar per year. Single copies, ten cents.

STENOSIS OF THE LARYNX, WITH FIBROUS ADHESIVE BANDS OF THE TRUE VOCAL CORDS; TRACHEOTOMY, RUPTURE OF BANDS, AND CURE OF STENOSIS BY GENERAL LOCAL TREATMENT. By W. H. Daly, M.D., Fellow of the American Laryngological Association, etc. Reprint from the Transactions of the American Medical Association.

THE DAILY PROGRAMME OF THE INTERNATIONAL MEDICAL CONGRESS, 1881, London, August 2d to 9th inclusive. Presented to the delegates by Wm. Wood & Co., New York.

This is a jewel of book-work. Tinted paper, red-line pages, satin cover of peacock blue, and gilt edges make an ensemble of luxury so rich that one begrudges it to the commonplace contents. It should be devoted to favorite poetry and not to publishers' catalogues; not even to Wm. Wood & Co., though they deserve much.

THE OHIO MEDICAL JOURNAL. Vol. I, No. 1, Columbus, O., July 1, 1881.

This is the journal of the Ohio State Medical Society, and takes the place of the usual volume of Transactions. The editor-in-chief is the secretary of the society—Dr. J. F. Baldwin, of Columbus—who is assisted by four associate editors: Dr. J. H. Lowman, of Cleveland; Dr. T. C. Minor, of Cincinnati; Dr. George A. Collamore, of Toledo; and Dr. W. J. Conklin, of Dayton. Dr. Baldwin has been for five years managing editor of the Ohio Medical Recorder, which he succeeded in carrying to a high degree of prosperity, and which is now merged into the new enterprise, while the associate editors are well known and have all had more or less experience in journalistic work.

Formulary.

CREASOTE AS A THERAPEUTIC AGENT IN CHEST-AFFECTIONS.

Dr. Reuss, of Paris (Glasgow Med. Journal), has found creasote very effectual as a remedy in phthisis. Given in alcohol, cod-liver oil, or glycerin, he found that it caused after a time irritation of the air- and alimentary passages, which sometimes resulted in dangerous or even fatal inflammation of these organs.

With the hope of avoiding these effects, he was led to try balsam of tolu as a corrective, which in his hands has had the desired effect. The creasote must be chemically pure, and the test for purity is that the drug shall not coagulate collodion. He prescribes it in lozenges, the formula for each being—

Pure balsam tolu.....	gr. iij;	0.20 Gm.;
Pure beech creasote.....	gr. ¾;	0.05 "
Excipient.....	q. s.	

M. Two of these for a dose; given first night and morning, and gradually increase sometimes up to ten lozenges in the day.

He gives tabulated results in twenty cases. Five in the first and three in the second stage were apparently cured; three in the first and three in the second stage improved; three in the second stage were unaffected; one in the second and two in the third stage died.

NEW PAREGORIC.

Matt. W. Borland, in the Pharmacist and Chemist, recommends the following new formula for the preparation of paregoric:

Powd. opium..... } Benzoic acid..... }	āā ʒj;	4.00 Gm.;
Camphor	gr. xl;	2.66 "
Anise seed, freshly gr'nd,	ʒj;	30.00 "
Clarified honey..... } Dilute alcohol..... .... }	āā Oij;	960.00 fl.Gm.;

Mix and macerate for twenty-four hours, and filter through paper.

It is claimed that paregoric made after this formula is more elegant in appearance than the old preparation, that it is quite as pleasant to the taste, and that it will mix with water without becoming milky. This last is a great advantage, and should lead the physician to give it the preference in all prescriptions where water is used as a menstruum.

MATICO INJECTION.

The Pharmacist and Chemist says that Grimault uses the following as an injection in gonorrhea:

Sulphate of copper.....	gr. iv;	0.24 Gm.;
Infusion of matico.....	ʒviij;	240.00 "

Mix.

PUCIN (pelletierin) tannate is prescribed for tapeworm in doses of from seven and a half to fifteen grains (0.52 to 1.00 Gm.). The price of this apparently very efficient alkaloid is $2.25 for one thirty-second of an ounce.—*Pharmacist and Chemist.*

ERRATUM.—In the last formula, page 42, issue of July 23d, see plumbi acetas ʒvj. This is just as the item appeared in the journal from which it was quoted; but it will be seen that six ounces of lead acetate are too much for water ʒii. The correct reading is probably Liq. plumbi subacetat., fl.ʒvj.

Pharmaceutical.

BUFFALO LITHIA SPRINGS, MECKLENBURG COUNTY, VA.—"This watering place is five hundred feet above the level of the sea, and twelve miles from the Scottsburg depot on the Richmond & Danville Railroad. The surrounding country is elevated and broken, closely resembling the Piedmont section of Virginia, both in physical appearance and in climate. For general healthfulness it is unsurpassed." The analysis made by Prof. W. P. Tonry, of the Maryland Institute, Baltimore, shows that the water of these springs contains to the amount of 96.126 grains per gallon nearly all the mineral constituents of the human body with lithia 2.250 grains and traces of phosphoric acid and iodine. Its value in the treatment of various chronic affections is attested by the most eminent physicians of the land, and in view of the remedial qualities of the water and the fine sanitary surroundings of the watering-place, it would be wise for physicians to recommend these springs as a summer resort to such patients as may be desirous of seeking health abroad during the heated term.

For those whose circumstances necessitate remaining at home the water can be obtained at reasonable rates by addressing the proprietor, Thomas F. Goode, Buffalo Lithia Springs, Virginia, or R. A. Robinson & Co., Louisville, Ky.

QUININE SULPHATE.—The manufacture of this important salt is constantly increasing. The total annual production of the world is now estimated at about one hundred and twenty-two thousand kilos., distributed as follows: Germany, 28,125 kilos.;* France, 20,250 kilos.; England, 13,500 kilos.; United States, 31,500 kilos.; India, 6,125 kilos.; Italy, 22,500 kilos. The figures given for Germany and Italy should be possibly much higher, since their export to the United States has considerably increased during the last few years.—*New Remedies.*

SODIUM, BENZOATE.—Both that made with the natural and that made with the artificial acid have been in quite steady demand. It appears now that this salt will be likely to maintain its position.—*Ibid.*

SODIUM, SULPHOVINATE ($Na\ Et\ SO_4$).—The demand for this mild purgative has greatly increased.—*Ibid.*

* A kilogram is two and one fifth pounds avoirdupois.

Miscellany.

THE HALLUCINATIONS OF GREAT MEN.—The number of great men who have been once, twice, or more frequently subject to hallucinations is considerable. A list, to which it would be easy to make large additions, is given by Brierre de Boismont ("Hallucinations," etc., 1862), from whom I translate the following account of the star of the first Napoleon, which he heard, second-hand, from General Rapp:

In 1806 General Rapp, on his return from the seige of Dantzic, having occasion to speak to the Emperor, entered his study without being announced. He found him so absorbed that his entry was unperceived. The General, seeing the Emperor continue motionless, thought he might be ill and purposely made a noise. Napoleon immediately roused himself and without any preamble, seizing Rapp by the arm said to him, pointing to the sky, "Look there, up there." The General remained silent but being asked a second time he answered that he perceived nothing. "What!" replied the Emperor, "you do not see it? It is my star, it is before you, brilliant;" then animating by degrees he cried out, "It has never abandoned me; I see it on all great occasions; it commands me to go forward, and it is a constant sign of good fortune to me."

It appears that stars of this kind so frequently spoken of in history, and so well known as a metaphor in language, are a common hallucination of the insane. Brierre de Boismont has a chapter on the stars of great men. I can not doubt that fantasies of this description were in some cases the basis of that firm belief in astrology which not a few persons of eminence formerly entertained.

The hallucinations of great men may be accounted for in part by their sharing a tendency which we have seen to be not uncommon in the human race, and which, if it happens to be natural to them, is liable to be developed in their overwrought brains by the isolation of their lives. A man in the position of the first Napoleon could have no intimate associates; a great philosopher who explores ways of thought far ahead of his cotemporaries must have an inner world in which he passes long and solitary hours. Great men are also apt to have touches of madness; the ideas by which they are haunted and to whose pursuit they devote themselves, and by which they rise to eminence, have much in common with the monomania of insanity. Striking instances of great visionaries may be mentioned who had almost beyond doubt those very nervous seizures with which the tendency to hallucinations is intimately connected. To take a single instance, Socrates, whose *daimon* was an audible not a visual appearance, was subject to what admits of hardly any other interpretation than cataleptic seizure, standing all night through in a rigid attitude.—*Francis Galton, in Popular Science Monthly.*

SIR ISAAC NEWTON UPON THE VALUE OF SLEEP.—The following quaint letter from Sir Isaac Newton to a medical friend has only been recently published.

LONDON, December 15, 1716.

DEAR DOCTOR—He that in ye mine of knowledge deepest diggeth, hath, like every other miner, ye least breathing time: and must, sometimes at least come to terr. alt for air.

In one of these respiratory intervals I now sit doune to write to you, my friend.

You ask me how, with so much study, I manage to retene my health. Ah, my dear doctor, you have a better opinion of your lazy friend than he hath of himself. Morpheous is my best companion; without 8 or 9 hours of him your correspondent is not worth one scavenger's peruke. My practizes did at ye first hurt my stomach, but now I eat heartily enow as y' will see when I come down beside you.

I have been much amused by ye singular *φενομενα* resulting from bringing of a needle into contact with a piece of amber or resin fricated on silke clothe. Ye flame putteth me in mind of sheet ligntning on a small—how very small—scale. But I shall in my epistles abjure Philosophy whereof when I come down to Sakly I'll give you enow. I began to scrawl at 5 mins frm 9 of ye clk, and have in writing consmd 10 mns. My Ld. Somerset is announced.

Farewell, Gd bless you and help yr sincere friend,
(Signed) ISAAC NEWTON.

To Dr. Law, Suffolk.

BROMIDES IN TRAVELING.—Now that summer has come, and that many are planning their annual holiday to far distant lands, it is well to draw attention to the value of bromide of potassium as a help to traveling. The best plans are sometimes completely upset by nervous and delicate ladies traveling all day—still more by night-traveling; and their hardy companions may have to storm or fume for days in some out-of-the-way place. Dr. Tilt, in the British Medical Journal, says he has enabled such women to travel long distances, with comfort to themselves and to the rest of the party, by telling them to take twenty-five grains of bromide of potassium, dissolved in a wineglassful of cold water, on going to bed, after traveling all day. A good night has enabled most of them to continue their journey the next day, and upon the following day, by taking the same dose of the bromide on each successive night.

QUININOPHOBIA.—The New York Medical Record has suddenly discovered that enormous quantities of quinine are used rather recklessly and unadvisably by the populace (Chicago Medical Review). A maliciously-inclined critic might infer that the editor of the Record or some one of his friends is "short" on quinine, and desires to "bear" the market by creating a quinine scare. A large quantity of quinine may be used recklessly by the public generally, still quinine will do less harm and more good than the cathartics and other curealls at one time fashionable. While there is a general tendency to sneer at the existence of "malaria," there is but little doubt that the unknown entity designated by that name is much more prevalent in many places, and particularly in New York City, than formerly. The Record's remarks were therefore uncalled for, and calculated to do harm, . . through leading the public to look on a very useful remedy with suspicion. The average human being takes things very literally, and when he is told that quinine under conditions causes cerebral congestion, he ignores the certain conditions and accepts as a fact that quinine causes cerebral congestion, and looks on his physician with suspicion if the latter prescribe that drug. . . . While it is of course the duty of the Medical Record to discuss every topic of interest to the profession, this might be done in a manner less unpleasantly calculated to create suspicions of a design on the drug-market.

INTRA-PERITONEAL TRANSFUSION.—The grave results which often follow the escape of blood into the peritoneal cavity would scarcely lead to the anticipation that it would be found a suitable site for the transfusion of blood. Nevertheless, it has been shown to be such by Ponfick, and several cases in which intra-peritoneal transfusion has been employed have been recently published by Kaczorowski.

The injection of the blood is by a trocar introduced through the linea alba, the blood being poured through a glass funnel furnished with a flexible looped tube. The operation is performed under strict antiseptic precautions, and the admission of a little pure air into the peritoneal cavity appears to be harmless. The method is recommended especially in prolonged febrile diseases, in which the heart's action fails, and also in chronic anemic diseases. The reaction of the serous membrane is said to be slight, and often *nil*. Of the cases recorded, one was a female twenty-one years of age suffering from puerperal septicemia; two transfusions were made, each five hundred grams of defibrinated blood. The patient recovered. The second patient was suffering from anemia, hysteria, and spinal irritation, and recovered after a single transfusion. The third case was one of phthisis, and the patient improved by the operation, but died three months later. The fourth was that of a woman fifty years of age, very anemic and depressed, with fungous ulcers in the neck. After the latter had healed there was no improvement in the general condition, but convalescence rapidly set in after the transfusion of six hundred grams (eighteen ounces) of blood. The last patient was a drunkard, forty years of age, suffering from a severe attack of exanthematic typhus, with bedsores. After the transfusion of four hundred grams (twelve ounces) of blood the fever lessened, the other symptoms improved, and the patient recovered.—*London Lancet.*

THE MEDICAL WITNESS.—Dr. Legrand du Saulle, lecturing at the Salpètriére on the Mental Condition of the Hysterical (*Rev. Méd.*) thus cautions his hearers: "When you are called as a physician before a court of justice, never step beyond the limits of science, and above all do not give yourself up to your imagination. Say only what you know; describe, but never become either judge, accuser, or advocate, but remain the physician. He who quits the limits of his position to become accuser or judge, who seeks to become the public minister or the presiding officer, such a man is no longer the physician. 'That is my opinion,' you will simply state; it is based on such and such facts and considerations; such is the condition of the accused; this or that may exist. Make what applications you choose, for I am not here to render justice.'"

CRUEL TO BE KIND.—The Anti-tobacco Society would find a fellow-spirit in Johannes, the reigning monarch of Abyssinia, though it would, no doubt, deprecate the severe means which that tyrant takes to break his subjects of their tobacco-consuming habits. "He cuts off," says Colonel Gordon, writing in December, 1879, "the noses of those who take snuff and the lips of those who smoke."—*British Med. Jour.*

IN Algeria many European animals perish from what Delanotte considers the malaria of the damp hot plains.

Fungoid Origin of Diphtheria.—Dr. Michael Taylor, of Penrith, in recording an isolated outbreak of diphtheria (Brit. Med. Jour.) expresses his belief in the influence of dampness as an exciting cause, and in the connection with that disease of certain fungi associated with dampness. Three children living in the same house and occupying the same bedroom were all seized with diphtheria last August, in a district then free from any epidemic. The house was very healthy until the water-spouting of its roof got out of order. A great rainfall in July caused one wall of the bedroom to become saturated through leakage of the spouting, the paper on the wall facing a passage between the apartment and a second bedroom became sodden and separated from the plaster, and small clusters of a toadstool (*coprinus*) grew on the wall, as well as a fine thready bluish mold. The drainage of the house and its drinking-water supply were very good. Excepting near the damaged spouts, the house was dry; and it is remarkable that the three children slept several weeks in their warm cribs in the damp room without suffering in any way, and it was not until the fungi appeared that they were attacked with true diphtheria. This is in accordance with Professor Laycock's theory, that diphtheria depends on *oïdium*, or potato-fungus; for, although in Dr. Taylor's case another vegetation was in question, there is fair reason to believe that the sporules of many kinds of fungus may not merely irritate, but directly infect the mucous membrane of the throat.

The gratitude of patients to their doctors (though not believed in by some skeptical members of the profession) sometimes takes an embarrassing form, as witness the recent case of Thomas Hobson, seventy-eight years of age, who hung himself in the Prestwich Workhouse, of which he was an inmate, after having made a will bequeathing his body to his medical attendant, "in gratitude for his kindness and urbanity." The gentleman in question has however declined to accept the bequest, and a like reluctance is shown by the School of Anatomy at Owen's College, which had been named by the testator as second legatee.—*Med. Times and Gazette.*

Mr. Lister's Latest Dressing.—As he announced recently to the Clinical Society, Mr. Lister has lately been making extensive use of eucalyptol in place of carbolic acid. Eucalyptus oil itself, which is the active ingredient in all these new preparations, is a colorless, limpid, watery fluid, the essential oil of the *Eucalyptus globulus*. This is used undiluted as a dressing in the same class of cases as carbolic oil is commonly used. It is also made into an ointment, of which the formula is as follows: Vaseline, 2⅔ parts; paraffin wax, 1⅓ parts; oil of eucalyptus, 1 part. The formula for the eucalyptus and iodoform emulsion referred to in the report of one of Mr. Lister's cases of ununited fracture of the patella, is as follows: Eucalyptus oil and powdered gum acacia, of each 96 grains; iodoform, 8 grains; water, to 2 fluid ounces. In operations about the genital organs, or other parts where the presence of numerous hairs and their follicles makes it difficult to render the skin thoroughly antiseptic by the ordinary methods, Mr. Lister has latterly, after shaving and cleansing the parts, applied to them a salicylic cream," which is thus prepared: Six parts of carbolic acid and glycerin (one-in-twenty) are rubbed up in a mortar with one part or one part and a half of salicylic acid until the mixture is of the consistency of a thick smooth cream.—*British Medical Journal.*

Boy Smokers.—Whatever difference of opinion there may be among members of the medical profession as to the effects of the moderate use of tobacco by adults, there is a pretty general agreement in the conclusion that the employment of the narcotic weed by persons of immature years is wholly and distinctly detrimental. Some time ago a law was passed in Germany to prohibit the use of tobacco by boys under fifteen, either at home or in the streets. Several of the Swiss cantons have now, it is stated, followed the example of their big neighbor, and made it illegal for youths to indulge in the deleterious habit.—*Exchange.*

The Bites of Insects.—Just now, when a sudden though probably brief visitation of fine and warm summer weather entails a small plague of flies and insects, it is well to remember that the prompt application of an alkali to the bitten part allays the irritation and commonly at once relieves the suffering consequent on a class of injuries which, though small, are often exceedingly annoying and even troublesome, especially in the case of children and persons with sensitive skins. Soda and ammonia will answer the purpose.—*London Lancet.*

Selections.

Jaborandi and Pilocarpin.—The editor of the British Medical Journal gives the following *résumé* of the therapeutics of jaborandi:

We have at present no officinal preparation of jaborandi, but there are several forms in which it may be conveniently administered. An infusion may be made by breaking up small from a dram to a dram and a half of the dried leaves, pouring over them a cupful of hot water, and allowing it to stand until it becomes cool, when dregs and all should be taken. Although not an elegant preparation, it is convenient and efficacious. There are several tinctures in use, but the one in two is most commonly employed; and it has the great advantage over those of weaker strength that it is not necessary to give so much alcohol with each dose. The liquor jaborandi (one in one) prepared by Mr. Martindale is a reliable preparation, although in some respects inferior to the tincture. The American fluid extract is not infrequently prescribed, the dose being from twenty minims to a dram. There are two salts of pilocarpin, the nitrate and the hydrochlorate, and both are in common use. They dissolve readily in water, a convenient strength of either for hypodermic use being one in twenty, the dose being from five to ten minims. The injection never gives rise to any local irritation. It may be taken for granted that if any preparation of jaborandi, in a dose equivalent to a dram or a dram and a half of the powdered leaves, fail to cause profuse perspiration, or salivation, or both, in from ten minutes to a quarter of an hour, it is unreliable; and the same may be said of the nitrate or hydrochlorate of pilocarpin, should a half-grain dose of either not produce these effects. When jaborandi was first introduced many spurious samples were imported, and remnants of these are still occasionally met with. When the matter is not urgent, it is better for the patient to have his dose at bedtime. He should have only a light supper, and should go to bed between the blankets, with plenty of clothes heaped over him. Warming the bed and hot-water bottles to the feet and legs are useful adjuncts. When salivation is profuse the patient should spit out the saliva or it may cause nausea and vomiting. The patient, if left alone, soon falls asleep, and if tucked up need not be disturbed till the morning.

Jaborandi is given with advantage in many fevers. Thus Rokitansky and Griswold have recorded excellent results obtained with pilocarpin in intermittent fever. The former narrates a case in which a paroxysm was cut short almost at once by an injection of a third of a grain of the nitrate, although previous attacks had resisted active treatment during many months. These statements have in the main been confirmed by Dr. Picot, of Bordeaux; but Ringer, in a series of carefully-conducted experiments, found that a dose of pilocarpin given just before the onset of an ague-fit in no way reduced temperature, and did not modify the duration or severity of the attack. Dr. Simmons, of New York, has recently recorded a number of cases of cholera treated with jaborandi with good results. He found that in the stage of complete or partial suppression of the urine it always excited the activity of the skin and salivary glands, and that its administration was usually followed by a copious secretion of urine with amelioration of all the symptoms.

The late Prof. Gubler, in a lecture in his course on therapeutics in the Faculty of Medicine at Paris, spoke highly of jaborandi in the exanthemata when the rash failed to appear in due course. It is in cases of malignant scarlet fever that it is used with such signal benefit. In the dropsy following scarlet fever it may be given without hesitation. In a paper read before the Medico-Chirurgical Society of Edinburgh on November 10, 1875, Dr. Craig said that he had given jaborandi in post-scarlatinal nephrites, and also in a case post-scarlatinal dropsy, with anasarca and ascites and albumen in the urine. Digitalis, purgation, and local applications failed to afford relief, and edema of the lungs came on, followed by frequent convulsions. Jaborandi, first in ten-grain and afterward in thirty-grain doses, for fourteen days, gradually overcame the anasarca, and the boy completely recovered. Equally good results have been obtained by Ciaramella and by Cortezo. Demme, of Berne, who has had considerable experience with this drug in children's diseases, finds that unfavorable symptoms rarely or never occur. Dr. Bruen, of Philadelphia, speaks highly of jaborandi in the dropsy of Bright's disease and states that he has never met with such favorable results from any other drug or mode of treatment. Ringer, however, speaks less enthusiastically. He has used it in many cases not only without benefit, but with positive ill effects. It has in his hands so generally caused nausea and vomiting, with depression, that he has been glad to discontinue the treatment. In uremia, pilocarpin proves an efficient substitute for the hot-air bath, acting more quickly and surely. As it increases markedly the excretion of urea, it is probably more effective than the baths in relieving uremic phenomena. The case is recorded of a young woman who was admitted into the Bellevue Hospital suffering from convulsions and delirium. There was no edema, but her urine was nearly solid with albumen, and contained blood and small casts. She was given a full dose of pilocarpin hypodermically, and in fifteen minutes was sweating profusely, and the convulsions had ceased. She was restless and wandered in her mind for the next twenty-four hours, but had no other bad symptom. A dram of jaborandi was subsequently given on alternate days, and in a week the albumen had nearly disappeared, and she felt quite well. M. Boegehold has recently published four cases of undoubted uremia in which pilocarpin was employed hypodermically. In the first case the patient was a child five years of age. Acute uremia supervened during convalescence from scarlatina. About an eighth of a grain was injected and the convulsions ceased. At the expiration of an hour the patient had regained consciousness. Another attack supervened a few days later, and the symptoms were arrested by two similar injections. The injections were then given regularly for twenty days and the attacks were not renewed. Ten days later the albumen had disappeared and the cure was complete. In the other cases the results were equally satisfactory.

Digitalis.—Dr. H. C. Wood, in opening a discussion on digitalis before a recent meeting of the Philadelphia County Medical Society (Med. Times), referred to the current views in regard to the action of digitalis upon the nervous apparatus of the heart, and claimed for it a peculiar effect upon the heart-muscle. This influence, which had been fully demonstrated by physiological experiment and sustained

by clinical observation, renders digitalis particularly serviceable in the condition of heart-disease in which the increased work required of the heart is greater than the increase of the power, without regard to the particular valve which may be affected. It improves the nutrition of the heart by regulating its contractions and lengthening the diastolic interval, doing away with the rapid imperfect contractions which interfere with the blood-supply of the cardiac muscle. In such cases the nutrition of the heart suffers because it is necessary to have lateral distention of the aorta in order to fill the arteries in the muscular tissue. A little digitalis steadies the heart, and therefore improves its condition and retards degeneration.

In chronic valve-trouble of the heart digitalis is serviceable, and sometimes must be given in large doses. A half-dram dose of the tincture apparently saved from impending death two cases of advanced heart-trouble coming under the speaker's observation. They afterward got well enough to attend to their business. It enables the heart to gather up its strength, and keeps it going until the last. By the surgeon, digitalis is often used improperly. Thus, it is not rarely given in aneurism, where the great danger is from increased lateral pressure, not want of forward pressure. In one case coming under his observation digitalis caused the rupture of an internal aneurism at the hospital. The patient had been brought in without any diagnosis, and no one had suspected aneurism.

In acute diseases with failing heart, digitalis may be employed. Such a condition may occur in asthenic or in the advanced stages of sthenic pneumonia. In the early stage of sthenic pneumonia it is improper to give it. Such a medicine as veratrum viride, which produces vasomotor paralysis, is indicated, so "as to bleed a man into his own tumors." Blood is drawn to the lungs because there is there a local vasomotor palsy. Produce a general vasomotor palsy, and the local attraction ceases. When the lung is consolidated throughout a large extent the heart is overworked; by and by it begins to fail, the pulse gets rapid and feeble; now digitalis comes into play. It will save life in such a condition when the patient without it must die. Take the case of a drinking man, seen a few days since, suffering with pneumonia, pulse 150 to 160, respirations 60 to the minute, delirium persisting for two or three weeks, expectoration of pure blood, etc. This man was given ten minims of tincture of digitalis every two hours, day and night, until the pulse fell to 60, when the digitalis was stopped, and resumed as the pulse went up. By the aid of milk and whisky the patient was saved.

Two points in conclusion: (1) In regard to the cumulative action, (2) in regard to the cause of the slow action of digitalis, the remedy acts slowly in producing its full effect, and its effects are very permanent when they do appear. Some agents act more quickly than others. Digitalis acts slowly and cumulatively, not only because of its special influence on the heart, but because it only comes very slowly in contact with heart-structure, since it osmoses slowly into and out from the body. Where it fails to act upon the kidneys, it is more apt to act cumulatively on the heart. The practical point is this: Watch the kidneys when giving large doses of digitalis; if water is not passed freely, then cumulative action will be apt to occur. In a case of chronic pleurisy Dr. Wood tried to run off the water by the kidneys. The pulse ran down steadily from 70 to 40 in four days after the medicine had been withdrawn. It was a long time before the effect of the digitalis was manifested, and it was long before it ceased to act. In the pneumonia case, after the pulse began to drop, it was eighteen or twenty hours before it again reached the normal. The longer the digitalis is in action, the more likely it is to have a lasting effect. After abdominal tapping the digitalis often shows itself in reducing the heart's action. Either the digitalis has been lying in the intestines unabsorbed, or in the cellular tissue probably all the fluids are saturated with the drug.

Digitalis is a very useful remedy in cases of syncope and collapse. Formerly alcohol alone was used. One of the advances of modern therapeutics was to teach the danger of giving large doses of alcohol in cases of surgical shock. Belladonna and digitalis are proper remedies, given by the hypodermic injection. The pulse begins to fill up in twenty minutes or half an hour. No irritation is produced at the point of puncture. Throw in twenty minims of the tincture at once, and expect to find the result in half an hour.

He did not wish his remarks to be understood as declaring that digitalis was entirely without danger, but he had used it in hundreds of cases, and had seen men apparently dying revive under its effects. It is important to stop it as soon as evidence appears in the pulse that it is beginning to be absorbed. Used in this way, he did not believe that there would ever be any serious cases of poisoning with it.

Cantharides Poisoning.—Mr. Clarke treats almost every case of gonorrhea during its primary symptoms—e. g. scalding, chordee, etc.—with thick discharge, by saline medicines with tepid-water injections. When the discharge becomes thinner and all active inflammation has abated, iron and cantharides are prescribed internally in the form of tincture of the perchloride of iron and tincture of cantharides, of each five minims three times a day, and an injection of sulphate of zinc of the strength of two grains to the ounce. In the first case of poisoning the patient had been taking the cantharides mixture for five days, at the end of which time he was virtually cured. A week after the discontinuance of the medicine he was attacked with violent pain over the bladder, and this was accompanied upon the following day with strangury. The symptoms, which at first were very severe, passed off at the end of about four days under the use of nitric acid and hyoscyamus internally and hot baths upon the recurrence of the strangury. In the second case the patient after taking two doses only of the cantharides mixture had some of the symptoms of poisoning, viz. frequent desire to pass urine, burning pain during micturition, which was very difficult and was always accompanied toward the end of the process by a few drops of blood. Half the dose was then ordered but the directions were not followed, the full dose being continued, yet the symptoms rapidly abated. In each case every trace of the gonorrhea was removed, and as soon as the active symptoms produced by the cantharides had passed off the patient felt as well as ever, and had not the slightest discomfort in the urinary organs. The delay of the symptoms in the first case may probably be explained by the supposition that the drug became stored up in the kidneys, and that after a short time its cumulative action gives rise to the symptoms of poisoning.—*London Lancet.*

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J. W. HOLLAND, A. M., M. D., ... Editor.
H. A. COTTELL, M. D., . . . Managing Editor.

THE SOURCES OF ICE-SUPPLY.

The importance of obtaining, during the summer and autumn months, absolutely pure water for drinking purposes is well recognized by the sanitarians of the day; but their efforts to gain this *desideratum* have met with doubtful success in many places, while in others they have proved quite unavailing.

The water of rivers and creeks is known to be contaminated with organic matter, and at certain times it is capable of engendering disease of a serious nature.

Spring-water, cistern-water, and well-water under certain conditions will meet the want; but in cities the first is a luxury not to be had except at second hand, while the difficulty of keeping pure the sources which supply the other two is too well known to require comment.

To avoid the dangers lurking in the water obtainable in cities, many persons resort to the sensible practice of drinking nothing but melted ice during the unhealthy season; and while this is perhaps the best thing that can be done under the circumstances, the water thus procured is often notably impure. We called attention, not long since, to the popular fallacy that freezing will purify water, and showed how an alarming endemic at Rye Beach (N. H.) Hotel was found to be directly traceable to ice which had been cut from a pond and used for drinking purposes. So it would appear that in a sanitary sense pure ice-supply is a question of scarcely less importance than pure water-supply.

The ice of our northern lakes, when *bona fide*, meets all the requirements of the case; but when it becomes known that much of the so-called northern-lake ice is cut from the small rivers and streams of upper Illinois and Indiana, the question is again opened. Of course such sources of supply are not open to the objections that would be naturally made to ponds and sloughs; but the surface-drainage of the surrounding country finds its way into these streams, and must render the water to a greater or less degree impure.

We have frequently seen in the bottoms of the Kankakee, after a rain, sloughs which were little more than infusions of manure; and these were all drained into this river, which is far-famed as one of the sources of northern-lake ice-supply.

Again, any one who has traveled from Joliet to Chicago on the St. L., A. & C. R. R. can not have failed to notice the long line of ice-storehouses which stretches for miles along the banks of the Des Plaines River. This beautiful stream is one of the sources of the Illinois. It runs through miles of rich prairie-land, and formerly drained nothing worse than the many farmers' barnyards and a dozen thrifty villages along its banks; but now, alas! it is disgraced for a considerable part of its course by the companionship of the Illinois & Michigan Canal, the outlet for the sewage of Chicago—a sluice of filth which might well put in a claim for rivalry with the Thames after London is passed. Not a fish dares venture into its water; not a stranger approaches its bank

without holding his nose; and upon either side of it is a strip of country where filth-diseases abound—diphtheria, for instance, being a perpetual heritage to the unfortunate inhabitants.

A curious situation for the sanitarian to contemplate: On one side is the loveliest of the "laughing rivers that run in haste to form the Illinois"; upon the other, and at a higher level, the open sewer of a mighty city rolls its stinking sheet of suspended filth sluggishly on to the same destination, and between the two a narrow strip of land covered with houses wherein is stored the ice for Chicago.

It may be urged that there is no surface communication between the waters of the river and the canal; but who can doubt that there are many subterranean courses of contact; and at times of freshet, when the Des Plaines overflows its banks and the canal is high up in its walls, there is doubtless a commingling of the waters at some points above ground. Besides, if direct communication could be proved to be impossible, who will say that nightly the clean water of the river does not absorb myriads of disease-producing germs from the vapors and exhalations that arise from this uncovered sewer? All the laws regulating the diffusion of microscopic organisms testify to the truth of the proposition; and if there is any warrant for the statement that diseases of a zymotic character can be propagated through drinking-water, the dweller on the banks of the Des Plaines, from the point where the canal first approaches the river to its mouth, had during a fatal endemic in Chicago better say his prayers before placing a cup of its innocent-looking water to his lips.

We believe that the ice-supply of Chicago is chiefly derived from this source; and, if so, does it not account to some extent for the present unusual bad health of that metropolis; and would not their sanitary officers, while trying to solve the mystery of this, do well to look into their water-coolers before submitting the city to the expense of extending the great tunnel several miles further out under the lake?

It may be that they are too shrewd to use this ice in that city of wise doctors and expert sanitarians; and if so, it all the more plainly points the moral to what we have to say; for in that case the ice is sent to us here in the South; and the ice-wagons that daily stop at our doors with their pictures and titles, so suggestive to the overheated brain of cooling potions drawn from silent coves where the limpid waters wash the shining rocks and dimple o'er the sparkling sands that skirt the frosted slopes of the far-off lake-side, may be distributing but crystals of dilute Chicago sewage, or at best of water tainted by the seepage of innumerable manure-heaps, slaughter-pens, and privies, which has drained into the streams from the nearer country-side, wherein bacilli and micrococci, specific and non-specific, may hybernate but to wake from their winter's sleep upon the melting of the ice, and proliferating in myriads, contaminate the cup and imperil the health of the drinker.

We are satisfied that the profession is by no means awake to the importance of keeping drinking-water free from microscopic life of all kinds. In dipping for the anacondas and moccasins which sometimes infest the water they use by far too coarse a net, and the smaller but by no means harmless snakes are allowed to wiggle through its meshes.

It is admitted that the specific bacteria taken in the drinking-water are competent to produce enteric fever and probably cholera, epidemic dysentery, and other serious affections; but minor disorders, such as dyspepsia, diarrhea, "biliousness," headache, and malaise, which the non-specific bacteria, it is believed, are capable of engendering, are attributed to other causes. We have this season seen several cases, and have now under treatment one of choleraic diarrhea in a patient who sleeps at least forty feet above the surface of the ground, and has for three months drunk no water but the drippings of the northern-lake ice.

Without going further into detail, if the

foregoing deductions are sound, what is the remedy? We answer, artificial ice. It is now possible to manufacture this article so rapidly and at so low an expenditure of capital that it can successfully contest the market with the natural ice, no matter how ample may be the facilities of the natural-ice companies for gathering and transporting their commodity. Water absolutely free from any trace of organic matter can be secured in most sections of the country through springs or deep wells, and frozen upon the spot, delivered to the consumer at a moderate expense.

Thus the dweller in our semi-tropic States can mingle its pure crystal with his beverages without misgiving; and while he thereby gains refreshment and strength for ever-renewed battle with the zymotic distempers that march into his domain from the South, he can congratulate himself upon having at last secured a wall of defense against the filth-diseases of the North.

THE PRESIDENT'S SURGEONS AND THEIR CRITICS. — The President's medical attendants labor under peculiarly embarrassing circumstances in this, that they are compelled to treat their case, so to speak, under the eye of the whole world. The high official position of the patient, the fiendish attempt upon his life, and the great issues depending upon his recovery or death, have carried the witnesses far beyond that state of sober conservatism which should characterize all comments upon the management of such a case; and the surgeons in attendance have been submitted to much unfavorable criticism by the secular press, while in too many instances the medical press has put in a word of censure.

It should not be forgotten that several eminent surgeons are employed in the case. And the unprofessional critics should remember that while these gentlemen do not know every thing, they probably do not stand in need of advice from those who know nothing of medicine or surgery; and the professional critics might on reflection see that it is neither graceful nor ethical to condemn at a distance and upon theoretical grounds the movements of professional brethren (most of them of acknowledged ability) who are upon the ground, and noting the symptoms from day to day, are doing all that their judgment warrants in the case.

Original.

SOME NOTES ON THE RECENT OUTBREAK OF DIPHTHERIA IN NORTHERN ILLINOIS.

BY WILLIS I. COTTEL, M.D.

For the past two years diphtheria has been endemic in this section. Along the line of the Illinois & Michigan Canal it has been especially prevalent and virulent; so much so as to induce a general belief that the canal exercises a decided influence in the origin and upon the character of the disease.

A few years ago this canal, which connects Lake Michigan with the Illinois River, was deepened so as to cause a direct flow of the water of the lake through the Chicago River and the canal, the object being to obtain a more rapid outlet for the sewage of Chicago, and to prevent the contamination of the water-supply of the city, which is obtained through the famous tunnel which extends over two miles into the lake. This work converted the canal into an open sewer, and its waters and the waters of the Des Plaines River, with which it unites at Lockport, into a stream of filth disgusting to sight and smell, till its offense is mitigated but not destroyed in the larger waters of the Illinois, fifty miles from Chicago.

The first effect of this inflow was to destroy the fish in the Des Plaines River. For miles their carcasses covered its banks.

In a city the size of Chicago the germs of epidemic and infectious diseases always exist, and the sewerage of such a city furnishes a convenient channel for their wide dissemination.

Medical men along the line of the canal noting the alarming increase of diphtheria are almost unanimous in ascribing its prevalence to the condition of the canal, and decided action in the matter has been taken to induce the State legislature to compel

the city to find some other outlet for its drainage.

During the past year diphtheria has been unusually virulent and fatal in the canal- and river-towns—Lemont, Lockport, Joliet, and Morris. Beside these, all the country within the scope of contamination has suffered severely.

With us, situated twelve or fifteen miles from the canal, the disease has been of a milder form, less fatal, and more amenable to treatment. In twenty or more cases coming under my observation there were but four deaths, two dying of obstructive laryngitis; and were it not for the fact that with these patients I had in the same house cases of well-marked diphtheria undergoing convalescence, they might have been diagnosed as true croup. The invasion of the larynx was slow, the febrile action not marked, and dyspnea gradual. Death resulted in one case on the fourth and in the other on the sixth day. The temperature never ranged above 102°, and near the termination it fell to below normal. Alarming symptoms developed only during the twenty-four or thirty-six hours preceding the fatal issue, both patients being strong and able to sit up until almost the last moment. In one case the exudation covered the fauces, in the other only a few isolated patches of diphtheritic membrane were observed.

The third case was truly malignant, the patient, a boy of seven years, dying within twenty-four hours with all the symptoms of diphtheritic blood-poisoning. The fourth case was complicated with scarlatina. The whole surface of the skin was covered with an erythematous eruption, the temperature stood at 107°, and the glands of the neck were greatly swollen. The exudation was extensive and very thick and tough. This was the only fatal case in which albumen could be found in the urine.

Dr. Curtis, of Joliet, informs me that with him laryngeal diphtheria has been rare, only one case being observed in the large number treated by him. From my own observation I will venture the assertion that many of the deaths reported as caused by membranous croup in this region were in reality from diphtheria. I have known of several cases diagnosed as true croup, and dying, returned as such when the previous clinical history, taken together with the prevalence of diphtheria in the neighborhood, left but little room for belief that the false membrane was croupal.

The line of treatment advised by Dr. J. Lewis Smith is the one in general use in this section of country and has proved very successful. Alcoholic stimulants in almost unlimited quantities; quinine in large doses as general treatment; and chlorate of potassium with muriated tinct. iron and fluid ext. hydrastis canadensis for a gargle.

Dr. Curtis reports good results from jaborandi and pilocarpin and the application of carbolic acid, liquefied by heat, to the tonsils. Salicylic and carbolic acids have been administered internally with varying success. I have used the following prescription with gratifying results, not only in this disease, but in all inflammatory affections of the throat, varying the quantity to suit the age and condition of the patient.

℞ Acid. carbolici	gtt. v;	0.30	fl.Gm.;
Acid. boracici ..... } Fl. ext. hydrast. can... }	āā ʒ ij;	8.00	"
Glycerin.....	ʒ j;	30.00	"

M. Sig. Dissolve in two thirds of a cup of boiling water; sweeten, and when cold give a quarter to half a teaspoonful frequently, say every half hour.

If the patient is asleep, it may be given without waking him by pouring it slowly into the mouth.

If there is much local swelling, a flaxseed poultice will give comfort and be of benefit. Oiled silk over goose-grease and kerosene in equal parts, a rag greased with lard, or fat pork, may be used for external applications.

When the fever is high I give aconite and gelseminum, and if the pulse is fluttering or feeble, digitalis. In giving the two first of the above-named drugs with veratrum or any other powerful arterial sedative, small and oft-repeated doses secure the best results. Fluid extracts of aconite or gelseminum, or, better still, the two combined in equal parts and given every fifteen or twenty minutes, in doses of one sixteenth of a drop to the teaspoonful of cold water, will reduce the temperature in a few hours and allay thirst.

By this mode of administration the prostration so often observed during the exhibition of these powerful drugs in the usual doses, is avoided. At the same time I employ some form of alcohol in liberal quantities. It steadies the pulse, supports the patient's strength, and seems not to counteract the influence of the sedatives so readily in diphtheria as in other affections.

In treating diseases which have a rapidly exhaustive tendency, it has been a matter of observation with me that a medicine exhibited in small and frequently-repeated doses will often work wonders. Taken thus, slowly and well diluted with water, it gives the pa-

tient no annoyance; the full action of the drug can be obtained in the desired time, and a good opportunity is thus given the physician for studying its effect, better, I think, than that afforded by the usual method of medication.

I am indebted to the homeopaths for the hint which led me to adopt this way of prescribing certain medicines. Pretending to give infinitesimal doses they have, by using concentrated tinctures and fluid extracts of powerful drugs, after the method above described, been enabled to get the full therapeutic effect of their medicines, and so to successfully compete with the regular practitioner, their patients not suspecting the artifice. The method meets all the requirements of the case, and besides enabling the regular physician to outdo the homeopath upon his own ground, will be found by any who will give it a trial an efficient and satisfactory mode of medication.

I send you a communication from Dr. Hand, of Morris. He lives upon the line of the late endemic, is a close observer, and a sound and successful practitioner.

BRAIDWOOD, ILL.

Dr. W. I. Cottel: MORRIS, ILL., March 15, 1881.

DEAR SIR—In reply to your recent inquiries addressed to me relative to the endemic of diphtheria which has prevailed here so extensively during the greater portion of the last twelve months, I will state that the first malignant, though not first fatal, case occurred during the latter part of April, 1880, in the person of a very healthy young lady, whose social and sanitary surroundings were in all respects good. She died of sepsis and asphyxia on the fifth day. About one week later twelve others, all children under twelve years of age, and living within fifty rods of the first case, were seized almost simultaneously. Of these more than half died—some within forty-eight hours from the attack, others from septicemia at periods ranging from one to three weeks. From that time until now the disease has spread irregularly and with varying degrees of severity to every part of the city and to a considerable extent into the adjacent country; often through recognized sources of communication, but not infrequently without any such source.

I can not attempt a detail of its progress and character, but will submit some general conclusions which my experience and observation have led me to accept as applicable to this disease as it has manifested itself here, to wit:

That it is highly contagious, being transmitted many miles through the open country by those not affected with the disease in their own persons, going from its immediate contact to places in the country where it had not appeared before.

That its type and prevalence are determined more by family idiosyncrasies than by all other observable causes.

That susceptibility to the disease varies in the same individual at different times; several members of a family being its victims at one visitation, while the remaining ones escape for the time, to be seized at a subsequent period.

That one attack of the disease gives no immunity from a subsequent one, but rather predisposes to it.

That what are termed "sanitary surroundings," general and special, have nothing to do with its prevalence and type. (In this statement I would not include the prevailing epidemic influence, necessary food, shelter, and medical succor.)

That prompt, abundant, and continuous alcoholic support stands first in the list of curative agents, and will often abort an attack that at first threatens to be fatal. The same may be said of quinine, though much less emphatically.

That when these remedies have failed to abort the disease, a persistent continuance of their use—especially the alcohol—in connection with iron and chlorate of potassa, has resulted in a much larger percentage of recoveries than when this course was not adhered to.

That when the larynx and trachea are the sites of the diphtheritic membrane a persevering inhalation of lime-water vapor gives the best promise of saving life.

That chlorate of potassa, used freely and continuously from the onset to the abatement of the disease—used as a wash and swallowed—does not induce nephritis. Not one of the one hundred and thirty cases coming under my care, in every one of which the chlorate was freely administered, exhibited any indication that this remedy was hurtful.

That *frequent* washing of the local lesion of the affection greatly lessens the danger from septic absorption.

As a short summary of my experience I will state that the whole number of cases treated by me during the last ten months is one hundred and thirty; whole number of deaths, sixteen; adults, six—no deaths; cases in which the larynx and trachea were *dangerously* invaded, three; number of deaths of the same, one; loss of distinct articulation (speech), one; loss of the function of deglutition, one; partial paralysis of limbs, one. Each of these three recovered in the course of three months. As a curious fact I will mention that the *poorer* class of the Irish have enjoyed almost complete immunity from the disease; and the Irish population here is relatively large.

I know some of my conclusions are at variance with those generally accepted, but they are such as my observation would seem to sustain.

W. F. HAND, M.D.

Correspondence.

A CASE OF POKE-ROOT POISONING.

Editors Louisville Medical News:

I was called hurriedly, on the night of April 9th, to see Mr. D., who, the messenger said, was suffering with "locked bowel." When I reached the case, at 9 o'clock P.M., I found him writhing in agony, with pulse scarcely perceptible, a pallid countenance, irregular, hurried breathing, and the tongue heavily coated with a brownish fur. He had

been vomiting stercoraceous matter for an hour, was hiccoughing almost incessantly, and complained of a terrible pain in the region of the ilio-cecal junction. On examination I found a hard lump in that place. I immediately ordered cloths, wrung out of hot water, to be applied and covered so as to retain the steam. I also gave him one half grain sulph. morphia by the mouth, and an injection of starch-water (one quart), into which I incorporated one dram of spts. turpentine. The effect was almost magical. The patient said he felt easy the moment the enema was given. In twenty minutes he had a good, free action, his pulse returned to a point a little above its normal rate, the hiccough ceased, the face assumed its natural color, and as the patient expressed it he was "all right."

The history of the case showed that he had been taking a saturated solution of poke-root in doses of a tablespoonful gradually increased. An hour after the last dose he had the attack above described. The recovery was rapid and complete.

GLASGOW, KY. R. E. GARNETT, M.D.

Formulary.

THE TREATMENT OF BILIARY CALCULI.

Dr. Bouchardat (*Le Progrès Méd.; Lond. Pract.*) in treating this affection requires the patient to abstain from nitrogenized foods in excess, and prescribes a diet of vegetables, those containing potash rather than soda being preferred.

An alkaline course of treatment may be prescribed indirectly through the malates, tartrates, and citrates which are found in fruits.

Before breakfast a tea- or tablespoonful of tartrate of potassium and sulphate of sodium, equal parts, should be taken in a glassful of sweetened lemonade. Moderate exercise is enjoined, and the functions of the skin should be stimulated by washing and rubbing with the hand moistened with a few drops of perfumed oil.

One to three baths should be taken every week, each bath containing—

Potassium carbonate.....	℥ iij ½;	100.00 Gm.;
Ess. lavender.....	℥ ss;	2.00 "
Tinct. benzoin.....	♏ lxxvij;	5.00 fl.Gm.

This should be followed by prolonged rubbing.

To facilitate expulsion of the calculi he gives turpentine and ether between meals for ten days. To prevent the formation of gallstones a pill containing one decigram (a grain and a half) of tartrate of potassium and lithia should be taken morning and evening before meals for ten days. For ten days more—

Syrup of aperient raisins..	fl.℥ xijss;	400.00 Gm.;
Potass. acetat.....	℥ v;	20.00 "

M. Sig. A dessertspoonful morning and evening before meals.

For ten days longer a liter (quart) of water holding ten grams (one hundred and fifty grains) of sodium potassium tartrate, daily, in solution.

In the spring—

Lettuce juice..... Chicory juice..... Dandelion juice,	āā q. s. ad fl.℥ iv;	120.00 fl.Gm.;
Potassium acetat...	gr. lxxv.	5.00 "

Take daily on rising for a month.

Lastly, a season at Ponques, Vals, or Vichy is advised.

HYOSCYAMIN IN INSANITY.

Dr. Gay (New York Lunatic Asylum) gives the following in cases of depression bordering on melancholia, and in cases of high nervous excitement with muscular restlessness:

℞ Ext. nucis vom..... Morph. brom.....	āā gr. viij;	0.48 Gm.;
Peperini	gr. x;	0.66 "
Hyoscyamiæ.....	gr. iij;	0.18 "

M. ft. pilulæ xxx. Sig. One twice a day for a time, and afterward reduce to one at night.

The dose of hyoscyamin varies from one thirty-second to one half a grain, though as much as three fourths of a grain have been given.

AN ITALIAN REMEDY FOR COUGHS AND INTESTINAL CATARRH.

Elatina is the name given to a substitute for tar-water used in Italy for coughs and intestinal catarrh. Cintlini gives the following formula.

Green pine cones	600 parts;
Olibanum.....	8 "
Balsam of tolu.....	5 "
Resin.....	4 "
Juniper berries	60 "

The ingredients are covered with water, allowed to stand over night, and next morning twelve hundred parts of the liquid are distilled off over a moderate fire. The distillate is filtered and bottled. The dose is a half wineglassful two or three times a day. —*Pharm. Zeit.; New Remedies.*

Pharmaceutical.

MAGNESIA CASTOR-OIL SOAP (RICINOLEATE OF MAGNESIUM).—Mr. Hager directs this to be prepared thus:

Sodium carbonate, crystallized.....	85 parts;
Caustic lime.....	20 "
Castor oil.....	100 "
Magnesium sulphate.....	90 "
Sodium chloride.....	40 "
Water.....	q. s.
Distilled water.....	q. s.

By treating the sodium carbonate dissolved in water, seven hundred parts, with the lime after a process similar to that given in U. S. Dispensatory, a solution of caustic sodium is obtained. This being evaporated down to one hundred parts is mixed with the castor

oil; and, kept in a warm place, is stirred frequently until the mixture begins to thicken. This is then treated with forty parts of warm aq. dest., and after letting it stand for two hours with occasional stirring, one hundred parts of boiling aq. dest. are added and two hundred parts of a warm solution of magnesium sulphate and sodium chloride are mixed with it. This is stirred, and the magnesia soap soon appears as a white mass. The mixture is then digested over a water-bath for a half an hour, cooled, the liquid poured off, and the soapy mass kneaded, dried, powdered, and preserved in well-stoppered bottles. The yield is about one hundred parts.

This magnesia castor-oil soap is given in doses of five, ten, or fifteen grams (seventy-five to one hundred and fifty grains, or half an ounce), and is best administered, mixed with sugar, in coffee.—*Condensed from New Remedies.*

[The above preparation ought to be a mild and efficient evacuant; and if it should be found to possess the virtues of castor oil without its objectionable qualities, Mr. Hager is to be congratulated upon having made a valuable contribution to the materia medica. Could not this soap serve as a substitute for the regular castile in preparations where the latter is commonly used; as, for instance, in the *Pil. saponis compositæ*, *Pil. rhei*, etc.?]

Ergot.—In consequence of the wet summer the yield was plentiful, particularly in Spain. Up to November the price remained regular, but at that time urgent orders from the United States advanced the price, which could have been avoided, since the Russian crop shortly afterward caused it to fall back to the old figures. New York and Boston imported in 1879 sixty-one thousand pounds; in 1880, one hundred and eight thousand pounds.—*Ibid.*

Stigmata of Maize.—New Remedies says that the proper time for gathering corn-silk is from the middle of August till September, before the silk becomes dry. The remedial qualities of corn-silk are much impaired by alcohol, and for this reason its tincture or alcoholic fluid extract can not be recommended. The best preparation of the drug is an aqueous extract made at as low a heat as possible. For administration a portion of this extract may be dissolved in water and mixed with syrup. Corn-silk yields about twenty-five per cent of extract.

Miscellany.

Is Opium-eating Injurious?—From a letter by Mr. D. H. Cullimore, who it seems has lived in China (British Med. Journal), in answer to this question, we learn that in Singapore, where wages are good, the Chinamen consume opium upon an average rate of three hundred and thirty grains a year for each person. In Java, where the community is small and the wages low, the average is one hundred and forty grains to each person, or less than one half grain daily. The expense of the drug proves to be a barrier not only against its general abuse, but also its universal use in the Celestial Empire.

In many instances of the opium-habit with which he is familiar, the writer observed that the drug did not produce constipation or loss of appetite, even when attended with listlessness and voluptuous reveries. However, its continued use will eventually end in constipation, loss of appetite, mental decay, and sexual impotency. Though the ill effects of the opium-habit are not generally recognizable among the masses, the casual observer will see in any gathering of well-to-do China men a few who show most distinctive features of the confirmed debauchee.

He has never known a death of which opium could be said to be the immediate exciting cause; but remembers a few cases in which a fatal result was precipitated by an active and excessive debauch on opium in conjunction with *bang*, an extract of Indian hemp.

Gynocardic Acid in the Treatment of Skin-diseases.—Mr. Wyndham Cottle, F.R.C.S.Eng., after a successful experience with chaulmoogra oil in eczema, lupus, etc., experimented with gynocardic acid, which he assumes to be its active principle. The following is his summary of its effects: When given internally it appears to be assimilated and rarely produces nausea—differing in this respect from the oil. Improved nutrition commonly follows the use of either. It is especially beneficial in diseases depending on malnutrition. Rheumatism, gout, and some forms of syphilis are sometimes improved rapidly during the use of the oil. The acid, unlike the oil, can be used in the form of pills. About three grains of the acid may be given daily internally; and for external use fifteen to twenty-five grains to the ounce of vaseline [cosmoline or petrolina, etc.] may be employed.—*Brit. Med. Jour.*

The New York Ambulance Society.—Dr. Benjamin Howard has recently had opportunities of studying the working of this society. The general hospitals are placed at the service of the police as far as regards street accidents and other emergencies (British Med. Journal).

On the occurrence of a surgical or medical emergency, information, whether by a policeman or civilian, is at once given at the nearest police-station; this is telegraphed to the central headquarter police-office. The officer receiving the telegram can see on a chart before him in which hospital-district the emergency in question has occurred, and telephones the call and address to the hospital to which that district belongs.

While Dr. Howard was talking, one day, upon this subject in his office with the superintendent of the recently-built New York Hospital, the conversation was stopped by a shrill whistle. A telephonic message having been received, and another message having been sent through another tube as quickly given, the superintendent remarked that the message was an emergency call. Following him on a run down a flight of stairs, and under a covered way across an inner courtyard, a surgeon was seen to step into an ambulance, which passed almost noiselessly along the concrete way under the arch and into the street. As the superintendent had telephoned both driver and doctor, before he had explained to Dr. Howard the nature of the interruption in their conversation, while these were putting on their hats, the ready-harnessed horses had been put in and the doctor had got the start of them.

The ambulance, on returning, comes in from an opposite direction and stops under the large *porte cochère* on the opposite side of the court, at the door of the reception or accident-ward. This room is supplied with every surgical convenience—operating-table, instruments, dressings, hot and cold water, and beds, while opening into it are both bath and small bedrooms. Thus, according to expediency, the patient may remain where he is a longer or shorter time, or be put into an adjoining room, or be transferred direct from the table to an ordinary ward above. If, on the other hand, the case be a trivial one, the ambulance will take him at once, or when ready, to his own home.

The ambulance-surgeon, immediately on returning to the hospital, notifies the house-surgeon or house-physician, according as the case may be, surgical or medical, who then takes charge of the case.

Revelations under Ether.—Under this heading Tom Bird, M.R.C.S., relates, in the London Lancet, that his first case of ethermania was that of a man, between forty and fifty years old, who had undergone a simple operation for which he required to be deeply anesthetized. Gas and ether had been used, the operation lasting from ten minutes to a quarter of an hour. For two hours he literally confessed. As he expressed it in the evening, "I knew what I was saying perfectly. I knew that I ought not to say it, but I could not help it, and you ought not to have left her [the nurse] in the room." He met with his second case some eighteen months afterward. It was that of a young married woman, a hospital patient, whom he saw half or three quarters of an hour after the operation. She was recounting to her mother (not present), in the clearest tones, subject-matter that he did not think she would ever have confided if conscious; it was a subject that had evidently been laid by in memory. For a quarter of an hour he tried to divert in every way her attention to her present condition, insisting that her mother was not present, without the slightest avail; she was totally oblivious of every thing except her story. The patient was a lady of education and refinement, and her language had not the slightest fault in its expression, but her bedroom was a "palace of truth."—*London Lancet.*

Death from Employment of a Carbolic-acid Solution.—Dr. Bradford relates, in the Boston Med. Journal for April 7th, the case of a boy, five years old, who had been under treatment for hip-joint disease during six months. A cold abscess having formed in the thigh, this was evacuated, and the cavity hyperdistended by a solution of carbolic acid (one to forty), which was then allowed to flow out, pressure being used to secure its full discharge. Vomiting supervened, and the boy, soon becoming enfeebled, died in collapse two days after.—*Med. Times and Gazette.*

Eye-disease in Colliers.—Mr. Sykes, of Mexborough, has seen numerous cases of a peculiar form of blindness affecting colliers. It begins with failure of the sight at dusk, and is chiefly manifested by great nystagmus, progressive blindness, and insensibility of the pupils to light. When such patients give up their vocation and take to open-air pursuits, complete cure, or at the least great improvement, follows.—*British Med. Journal.*

PROPERTY DEARER THAN LIFE.—Sir Jas. Simpson used to relate an anecdote of a farmer who bitterly complained that for attendance on himself and his child his medical man charged him three shillings and sixpence a visit, his cow-doctor only requiring five shillings. This is but in accordance with a well-known peculiarity in human nature. Men are ever readier to be liberal in matters relating to their property than in questions concerning any service of direct utility to themselves. The more that the property is of a "fancy" value the more lavish men become; the more the expenditure relates to public benefit, to "doing good to humanity," the more willful or unintentional parsimony is displayed by those who can give and pay.—*British Medical Journal.*

CHLORAL HYDRATE IN DYSENTERY.—Dr. Curci (New York Med. Record) employs successfully chloral hydrate in the treatment of typhoid diarrhea and dysentery. In the latter disease the remedy is combined with potassium chlorate. Using barley-meal water for a menstruum, he gives the chloral to an adult in from fifteen to forty-five grains daily by mouth. Given by rectum, one dram and a half of chloral to two quarts of barley water will serve for ten clysters. Before administration by mouth a light purge should be given.

Dr. C. states that besides being narcotic, chloral is sedative, astringent, anti-diarrheic, coagulent, and antiseptic. It calms the cerebral centers as well as the sympathetic, which latter above all is affected in dysentery. By reason of its influence over the sympathetic the peristaltic action of the intestines is diminished and the pain relieved.

CHIAN TURPENTINE USELESS FOR CANCER. The result of a trial at Middlesex Hospital, by Dr. J. W. Hulke, F.R.C.S., completely demonstrated to his mind, and convinced all who watched the practice, that Chian turpentine is thoroughly useless as a remedy for cancer, whether of the female generative organs or of other parts. It was administered during several months to several women suffering from uterine cancer. It was not found to check the progress of the cancer, which in spite of it continued its fatal course. In not one instance did the vaginal discharge assume the thick, ropy character mentioned by Prof. Clay. As a reputed anodyne it quite failed to lull pain, and during its use opium was found indispensable. With respect to its alleged hemostatic properties, hemorrhages occurred as frequently and as copiously in women while taking the turpentine as in others to whom it was not given. After trying it in uterine cancer it was given to a woman with an epithelioma of the vulva and of the inner side of the thigh at the junction with the trunk, and to another woman with an epithelioma of the back of the thigh. These cancers being open to ocular inspection appeared very suitable for the recognition of its influence, if any, on the cancerous tissue. It was also exhibited in cases of scirrhus of the female breast, unbroken, and also ulcerated. In not a single instance could any curative influence be discerned.—*London Lancet.*

HAMAMELIS VIRGINICA AS A LOCAL APPLICATION.—Dr. W. H. Netherclift writes to the British Medical Journal concerning "hazeline," the new extract of witch hazel, that a local application in irritable and inflamed piles situated at the margin of the anus, where the remedy can be readily applied, he has never met with its equal. In most of the cases submitted to the treatment the relief was immediate and permanent. His plan has been to have the part bathed in the solution three or four times a day, and a piece of lint dipped in it kept applied to the anus during the intervals. All urgent symptoms have passed away, as a rule, in from twelve to twenty-four hours. In chronic and intractable ulcers of the varicose or eczematous description he has met with excellent results by using the hazeline after the fashion of a water-dressing.

NEURALGIA.—The London Lancet says that neuralgia indicates a low or depressed state of vitality, and since nothing so rapidly exhausts the system as pain that prevents sleep and agonizes both body and mind, it is of first moment that neuralgia incidental to and indicative of a poor and weak state should be promptly placed under treatment and, as rapidly as may be, controlled.

It is worth while to note this fact because, while the spirit of manliness incites the strong-minded to patient endurance of suffering, it is not wise to suffer the distress caused by this malady, as many do, without seeking relief; for it should not be forgotten that the pain of neuralgia is a warning sign of constitutional danger.

BRAITHWAITE'S EPITOME quotes the LOUISVILLE MEDICAL NEWS seventeen times.

Selections.

Jaborandi and Pilocarpin.—The editor of the British Medical Journal gives the following *résumé* of the therapeutics of jaborandi (concluded):

Pilocarpin has been used with success in puerperal convulsions by Dr. Braun, who records a series of cases in which the most striking results were obtained. This mode of treatment has been ably advocated by Fancourt Barnes and others, although Fordyce Barker considers its propriety open to question.

Mr. Macnamara, in his recent work on Diseases of the Bones and Joints, recommends pilocarpin in septicemia and records two very striking cases.

Jaborandi has been employed with success in many chest-complaints. For an ordinary cold or slight attack of bronchial catarrh it is almost a specific. The patient is given a two-dram dose of the strong tincture, or half a grain of pilocarpin, at bedtime. Profuse perspiration is induced, and in the morning he is well. We have employed this mode of treatment in very many cases and with the happiest results. Dr. Berkart and Dr. Mackesy have recently advocated its use in asthma, both peptic and bronchitic. The loss of fluid resulting from the administration of full doses has been found of service in pleuritic effusion. Three cases treated by Dr. Hunt, of the Wolverhampton and Staffordshire Hospital, were reported in the British Medical Journal of May 1, 1880. Dr. Newland speaks highly of hypodermic injections of pilocarpin in pleuropneumonia. After an injection of five eighths of a grain the patient felt greatly relieved, and was able to lie down; his breathing became easier, he had no pain, and slept for four hours. The dose was repeated twice a day for three successive days, when the patient had so far recovered that further treatment was unnecessary.

Dr. Murrell has recently called attention to the use of jaborandi and pilocarpin in the night-sweating of phthisis. He gives details of thirty-three cases in which it was administered with benefit. As a rule, the nitrate of pilocarpin was employed, and it was given by mouth and not hypodermically. The dose, with a few exceptions, was one twentieth of a grain, either in solution in water or made into pills with sugar of milk. It was given only at bedtime, unless the sweating was very profuse, when it was repeated during the night. As a rule, but little improvement was noticed on the first night; but on the second and third nights the sweating was less, and by the end of the week had completely ceased. The perspirations when once checked did not, as a rule, return for many weeks. It was frequently noticed that the jaborandi or pilocarpin eased the cough and facilitated expectoration. Dr. Murrell recommends jaborandi in ordinary winter-cough, giving a full dose one or two nights at bedtime, and then smaller doses three or four times a day for a week or more. In chronic bronchitis, inhalations of jaborandi by a Siegle's spray-apparatus are decidedly beneficial.

Jaborandi has been recommended in diabetes insipidus, and in two cases under the care of the late Prof. Laycock, of Edinburgh, the patients were decidedly benefited by the treatment. In another case, reported by Dr. Ringer, the jaborandi, although given for forty-four days, in no way influenced the amount of urine secreted, while the liquid extract of ergot quickly reduced it to the normal. Good results have also been obtained in diabetes mellitus by hypodermic injections of pilocarpin frequently repeated. In one instance, after each dose, there was a striking diminution in the amount both of sugar and of water excreted, and this diminution lasted several days.

An attempt has been made to introduce jaborandi as an ecbolic, but for this purpose it has found but little favor with obstetricians. Mr. Clay published a case of contracted pelvis in which induction of premature labor was attempted by giving hypodermic injections of pilocarpin, but the result was unsatisfactory; and finally Barnes's bags had to be introduced and the forceps applied. It has been shown by Fancourt Barnes and others that in ordinary labor pilocarpin can not be used in place of ergot. Pilocarpin is sometimes employed to stimulate the secretion of milk in women who are suckling. The whole subject has been discussed in the pages of the British Medical Journal.

Professor Pick, of St. Petersburg, has published the results of two and a half years' experience of the use of pilocarpin in skin-diseases. He usually gives one sixth of a grain in solution twice a day, so as to induce slight perspiration, the treatment being continued for several weeks without intermission. The skin becomes softer and more pliable, scaliness diminishes, and the hair is less brittle. In two cases of pruritis senilis and one of urticaria a cure was effected; but in eczema, psoriasis, and alopecia areata the results were unsatisfactory. These results have been abundantly confirmed by Chadzynski and others. We have it on the authority of Dr. Schmitz, of Cologne, that pilocarpin possesses the peculiar property of stimulating the growth of the hair. It has been given with decided benefit in advanced syphilis. Mr. Lockwood, of the Lock Hospital, recently reported a series of cases treated by this method; and Prof. Lewin, as the result of a number of observations made on thirty-two prostitutes, confirms his results.

Dr. Ortille, of Lille, records a most obstinate case of hiccough in which pilocarpin gave relief after the failure of morphia, electricity, and numerous other remedies. In belladonna-poisoning, jaborandi promises to be of use, provided only that sufficient of the antidote be given. In one case it was found necessary to give hypodermic injections of pilocarpin, in all amounting to six and a half grains.

Treatment of Diarrhea in Phthisis.—By C. Theo. Williams, M.A., M.D., etc., in London Lancet:

The treatment of the first form of diarrhea consists of simply correcting the dietary and ordering a few doses of alterative and purgative medicine, with some alkali to reduce the acidity. The second form, that arising from ulceration, requires very careful attention. The great point to be kept in view is the healing of the ulcers, and this can only be attained by shielding them from all irritable substances and by promoting a healthy granulating action. The treatment in fact resolves itself into three sets of measures:

1. Rest in bed and the administration of only such food as can be quickly and easily assimilated without causing much distention of the intestine or accumulation of flatus. Such as chicken broth, beef and veal tea, milk gruel, blancmange, always combined with liquor pancreaticus, and prepared after the admirable methods of Dr. William Roberts, of Manchester. Dr. Jagielski recommends koumiss specially in these cases.

2. Warm applications to the abdomen in the form of linseed poultices, turpentine stupes, or hot-water fomentations, to reduce the pain and promote a cer-

tain degree of derivation to the skin. If the pain be severe, I have found the application of a small blister over the area of tenderness on pressure, as recommended by Dr. J. E. Pollock, very advantageous. I have noticed in some obstinate cases that when the blister has risen the diarrhea has been considerably reduced, and pain existing in the abdomen at the time has subsided.

3. Internal medicines. When we have reason to believe that the ulceration is slight and confined to the small intestine, the diarrhea may be treated by bismuth and opium, or by some astringents. The liquor bismuthi et ammoniæ citratis (B.P.) is a convenient form, but not always so effective as the powdered carbonate or the nitrate of bismuth in ten- to twenty-grain doses. Dover's powder combined with it in ten-grain doses is often effective. The most powerful astringent is the sulphate of copper in a quarter- to half-grain doses combined with half grain to a grain of solid opium. Of the various vegetable astringents I have found tannic acid in four-grain doses to answer best, far better than rhatany and catechu, but in all cases I combine it with a certain amount of opium to reduce the irritability of the ulcers. Indian bael, especially a preparation of the fresh fruit, is often efficacious in checking the diarrhea if the ulceration be limited. If, however, the ulceration attack the large intestine as well as the small, it is obvious that more local treatment is advisable, and recourse should be had to injections or suppositories. The enema opii (B. P.) administered twice a day is sometimes sufficient, and it may be strengthened by the addition of acetate of lead, four grains to an injection, or of tannic acid, five grains. This is a small injection, and it is doubtful how far its local effect reaches. Where the ulceration is very extensive, and involves the greater part of the large intestine, an attempt ought to be made to apply the remedies more thoroughly to the mucous membrane; and for this purpose injections of larger amount—from a pint to a pint and a half—may be used, consisting of gruel or of starch, or, best of all, of linseed tea, and all containing a certain quantity of opium (thirty to forty minims of the tincture). I would specially recommend the linseed tea, as it appears to exercise the same beneficial effect on the ulcers of the large intestine as it does in follicular ulceration of the throat One of the most obstinate cases of intestinal tubercular ulceration I ever witnessed yielded to linseed tea injections, after almost every other treatment had been vainly tried, the ulcers apparently healing, the diarrhea ceasing, and the patient living for two years afterward and dying of pulmonary lesions. In cases where the stools are very fetid I have added glycerin of carbolic acid to the injection with advantage. In many cases, however, it is desirable to give the large intestine as much rest as possible, and not to stretch the ulcerated mucous membrane through any distention by fluids. In these cases suppositories of morphia (from half a grain to a grain), or of the compound lead one, or of those of tannic acid are indicated, and the treatment of the diarrhea arising from lardaceous degeneration of the intestine is not very hopeful. Where the very channels of assimilation—viz. the villi—have undergone degeneration, as well as the various structures from which the succus entericus is poured out, it is difficult to see how treatment can restore the lost tissues. Dr. Dickinson's researches show that the loss of alkali is the chief characteristic of the disease. Dr. Marcet's analyses show that the chief chemical feature is deficiency of phosphoric acid and potash and excess of soda and chlorine, and on this principle we should give phosphates of potash. When, however, the disease has so far advanced as to reach the intestine, it may be considered beyond any effective general treatment. We must be content to restrain the diarrhea if we can by astringents, the more powerful the better. Tannic acid in from two- to four-grain doses, with dilute sulphuric acid, sulphate of copper, or sulphate of zinc are the most useful, and injections of these substances do some good.

Treatment of Asthma by Electricity.—Dr. Max Schaeffer considers that the best remedy for cutting short an asthmatic attack is the local application of the induced current, which often causes the attack to disappear as if by magic, and is much more efficient than the pneumatic apparatus. According as the seat of the disease appears to be in the higher or lower parts of the nerve, the author applies the electrodes to both sides of the neck, under the lower jaw, about three quarters of an inch in front of its angle, or opposite the thyroid cartilage in front of the sterno-mastoid. The currents must not be too feeble. The patient must clearly perceive that the current goes straight through the soft palate or through the larynx. When the attacks are violent the current should be applied for a quarter or half an hour at least twice daily. As recovery takes place the applications may be shortened until they are at length made only once or twice a week. He rarely applied direct faradization, and found no good from the constant current.

Dr. Richard Schmitz reports the case of a patient, aged forty, who had been the subject of numerous and repeated attacks of asthma for eight years. At the time the electrical treatment was commenced the patient was suffering from a most severe attack, which had resisted all the ordinary methods, and had compelled him to sit for three days and nights without rest. Each attack was preceded by a catarrh, which successively invaded the larynx, trachea, and bronchi, and it was thought that the swelling of the mucous membrane of the respiratory tract might have involved the vagus in its course, and it was therefore considered necessary to direct the induced currents to this nerve. The first *séance* was at eight in the evening; the electrodes were applied over the alæ of the thyroid cartilage and internally to the sterno-mastoid. The current, at first weak, was gradually strengthened. The sitting lasted nine minutes, and the patient was so much relieved by it that he was able to sleep during the greater part of the night. On the next and succeeding days two more sittings a day were given, each of five minutes duration. The good effects continued, and after twelve applications the patient was freed from the attacks of oppression and from the râles which embarrassed his breathing. Since the return of the patient to Hamburg he has had a fresh attack of asthma, which was cured without recourse to electricity; but in spite of this it appears that induced currents are useful, if not in alleviating the affection itself, at any rate in its most painful manifestations, and its effects should always be tried in obstinate cases.—*Deutsche Med. Wochen; Practitioner.*

Uterine Fibroids.—Dr. Gaillard Thomas, in a clinical lecture, after describing a case in which there were several uterine fibroids attended with scarcely any important symptoms, said that he does not know of any cases more likely to entice a young practitioner to give an erroneous prognosis. When he detects tu-

mors like these he thinks that his diagnosis is of the highest importance, and makes a very unfavorable prognosis. The subsequent history of the case, however, falsifies this, and years after he may have the blunder he has made thrown in his face. The inexperienced gynecologist can hardly realize that such a state of affairs can exist in the pelvis without producing the most serious effects. Klob has shown that fibroids of larger or smaller dimensions (many of them quite minute) exist in nearly forty per cent of Anglo-Saxon women who have reached the age of forty. The remarkable prevalence of fibroids in negro women is notorious, and it is quite exceptional to find one in whom one or more fibroids can not be detected. In a negress who died of inflammation of the lungs no less than thirty-five fibroids of all sizes were found. "Thousands of women who are affected with fibroids are in happy ignorance that they have a *tumor;* and in this connection I would offer the following piece of advice to you: When in any case you have made the diagnosis of fibroids, do not inform the patient of the fact unless you are forced to do so; because the very name of tumor is a kind of shibboleth to most women, and it will probably have a very bad moral effect upon her. This should be observed as a general rule, although cases occur in which it is best to make the diagnosis known. It may be objected to this rule that there some instances in which, if we tell the patient that there is nothing serious the matter, the future course of the case will not be in accordance with our predictions; but these are very rare exceptions indeed, and it is always possible for us to exonerate ourselves from blame by stating that the case is an exceptional one."—*Med. Times and Gazette.*

Treatment of Delirium Tremens.—Dr. Villard reports a case of delirium tremens which he treated successfully by means of hasheesh after the administration ineffectually of chloral and opium. Dr. Villard has thus been able to add further testimony as to the value of this remedy, which appears to be less used in France than it is in this country. In the case reported, chloral hydrate in five-grain doses, which was absorbed in ten hours, was useless, while extract of opium in quantities of fifteen to twenty centigrams (two and one fourth to three grains) every twelve hours, continued for two days, was found equally futile in controlling the symptoms. Two dessertspoonfuls of julep, containing fifty centigrams (gr. vijss) of hasheesh, given hourly, was, however, at once found to have a tranquilizing effect.—*Le Progrès Médical; London Practitioner.*

[It would be safer in any case to commence with a smaller dose of the Indian hemp, increasing the quantity till the desired effect should be obtained.]

The Cure of Varicose Veins by Subcutaneous Ligature.—Dr. John Duncan, of Edinburgh, employs carbolized catgut for the radical cure of varicocele (British Med. Journal). The veins are separated from the artery and vas deferens, and a needle armed with catgut is thrust through at the point of separation; it is then reintroduced at the orifice of emergence, made to pass between the veins and the skin, and brought out at the original entrance; the two ends are then firmly knotted together and cut short. By traction on the scrotum the knot is made to disappear entirely, and the punctures are covered with salicylic wool saturated with collodion. The same maneuver is repeated an inch higher, and sometimes a third ligature is advisable. A hard lump of coagulum forms between the ligatures, tender at first, but soon diminishing in size and becoming insensitive. Dr. Duncan treats varicose veins of the leg in the same manner, the introduction of the point of the needle into the aperture of exit of the first puncture and the tightening of the loop of catgut is difficult when there is brawny edema. In such cases the patient should be kept at rest and an India-rubber bandage applied for a few days. A single ligature is not sufficient, and to close the lumen permanently two must be applied about one inch apart. It is essential that no branch be given off in the segment of vein between the ligatures.

Hysterogenic Zones.—M. Charcot calls attention anew to the existence of hyperesthetic points to which he has applied the name hysterogenic zones, which are found to occur so frequently in patients afflicted with the more severe forms of hysteria. These zones occupy a variable position, but though they are differently situated in each patient they are constant for the individual. They occur exclusively on the trunk and are more numerous in front than behind. Those in front are placed laterally and are more often double and symmetrical, while the posterior ones are generally unilateral and median. Finally they are more common on the left than on the right side, the unilateral zones being always on the left. The hysterogenic zones are not equally excitable at all times, for they are more readily stimulated when the convulsive attack is imminent; while the irritability of the spots is lessened, or may even disappear completely when the fit has passed. As a general rule it seems that the stimulus applied to the zones which is necessary to stop a hysterical attack must be much stronger than that which is needed to originate it when a patient has several hysterogenic zones. The convulsion occasioned by the stimulation of one spot may in some cases be arrested by the subsequent irritation of another.—*Le Progrès Méd.; London Practitioner.*

Diffuse Inflammation of the External Auditory Canal.—Mr. E. C. Baber, M.B., of Brighton, in a paper on this subject (British Med. Journal), states that the disease must be distinguished from the circumscribed variety where small abscesses form in the meatus. In diffuse inflammation the walls of the meatus swell uniformly, so that often the smallest speculum can not be introduced. When the swelling subsides slightly a speculum well flattened at the inner end will show the tympanic membrane recognizable only by its position, the manubrim of the malleus and the light spot being hidden by the thickening, through inflammation of the epidermic layer of the membrane. Free secretion often exudes from the walls of the meatus without any perforation existing in the membrane. It is most important to diagnose this complication in healing this disease. For treatment leeching is useful, and care must be taken that the leeches are applied close to the ear. Incision of the inflamed tissues in the meatus is necessary when the case is severe, with danger of the adjacent bone being affected. An hourly injection of from five to ten drops of a solution of acetate of morphia (sixteen grains to the fluid ounce) greatly relieves the pain. In the chronic stage the surgeon should frequently cleanse the meatus with cotton wool. This is less irritating than the syringe. Glycerin of borax is the best lotion for injection.

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J. W. HOLLAND, A. M., M. D., ... Editor.
H. A. COTTELL, M. D., . . . Managing Editor.

ANATOMICAL ANOMALIES.

Dr. J. L. Cilley (Demonstrator of Anatomy, Spring Course of Ohio Medical College) has recently observed and noted certain anomalies in anatomy, a list of which we quote from the Lancet and Clinic:

1. In one subject the third lumbricalis muscle was observed to have a double insertion, being attached to the extensor tendon of the middle- and ring-fingers.

2. The relative position of the two kidneys was reversed, that of the right side being found upon a level one and a half inches below that of the left.

3. Several very interesting arterial anomalies presented, as follows: (*a*) Bifurcation of the aorta on a level with the upper border of the third lumbar vertebra, i. e. above the level of the umbilicus. Pressure by the abdominal tourniquet below this level, as is commonly directed, and for purposes usually desired by such procedure, would be attended by negative results. (*b*) Anomalous origins of renal vessels with variations in their number. On one side of the body in which this was seen an extra artery came off from the *common iliac*, while on the other side three additional arteries arose from the aorta, all passing superficially to the ascending vena cava instead of under it. The arrangement of the arteries was such that the first and fourth were single, entering the kidney, the one at its upper and the other at its lower extremity, while the second and third soon bifurcated, entering the sinus above and below the level of the vein. (*c*) An instance where the course of the lingual artery carried it superficially to the hyoglossus muscle, so that instead of passing beneath the muscle at its outer border the artery pierced it at or near the median line. In such a case as this the operator would not have to cut through the hyoglossus muscle in order to tie the artery—an operation usually attended with so much difficulty. (*d*) A case where the radial recurrent artery was wanting, but had its place supplied by the anterior ulnar recurrent, which crossed over and ascended on the outer side of the elbow-joint. In this case the radial had a high point of origin, coming off, as it did, from the middle third of the brachial. This is the least usual point of origin for the radial in cases of so-called high bifurcation of the brachial.

4. Finally, an unusual arrangement of the heads of the median nerve. The inner head was found as is usually described in our text-books, but upon the outer side an additional head was perceived. Thus the nerve had three heads instead of the usual two. The extra cord was traced up to and seen to come from the seventh cervical nerve previous to the blending of the several nerves which make up the brachial plexus.

Some of these, it will be seen, are unusual deflections from the normal arrangement of organs, and their number is remarkable in view of the fact that they were all discovered during the spring (1881) course of the school, the session of which was probably not longer than three months, the class being small and the number of subjects few.

The writer makes plain some conditions which may account for failure or facility, as the case may be, in certain operative procedures, and admonish the surgeon that, notwithstanding the near approach of his department to scientific exactness, he is often called on to cut at a venture, and may meet with difficulties and dangers which could not have been foreseen.

This report calls to mind the many anomalies in anatomy which have been brought to our notice during an experience of ten years at the dissecting-table, and leads us to make a few comments upon the subject, with the hope that teachers and students of anatomy may be encouraged to follow Dr. C.'s

example and keep an accurate record of all anomalies met with in the pursuit of their studies.

We make no claim to scientific accuracy in this discussion, for we must plead guilty to the sin of not having kept notes of what we have seen from time to time; but many anomalies have presented themselves in the course of our work, a few of which only could we recall or describe with scientific exactness. We shall speak of some of these in passing and indicate a working hypothesis, suggested by these supposed aberrations in nature, for the benefit of those who with us are called upon every year to spend several months in the dissecting-room.

It will be noted that by far the larger number of anomalies recorded in the above report are arterial. This but confirms the experience of all close students of anatomy. Authors describe many of them in notes appended to the text-books of anatomy, so that the surgeon may keep in mind such as are likely to be encountered during operations; but it would take a great volume to hold a record of all that have been seen. We do not believe a subject was ever found presenting throughout the arrangement of arteries described as normal in the books.

Anomalies among nerves, in our experience, are rare. We once saw a descendens noni presenting itself as a branch of the pneumogastric instead of the hypoglossal nerve, and this, with a three-headed median similar to that which Dr. C. describes, are the only ones of note that we can recall.

Muscular anomalies have been frequently met with, and in our experience they most commonly appear as rudimentary slips in the forearm; but last winter we saw and reported to the Louisville Medico-Chirurgical Society a well-developed fourth peroneal muscle. This arose from a point just below the *longus*, and following the course of the *longus* and *brevis* its tendon was inserted with that of the latter muscle into the base of the meta-tarsal bone of the little toe.

There is one point in connection with muscular anomalies, though not confined to these alone, to which we have never seen reference made in any work on the subject; and which we believe will be plain to any one who will take the pains to investigate it. At least it has been a matter of frequent, if not constant, observation with us. "One swallow," however, "does not make a summer"; and without a careful scientific investigation of the subject made by many observers who can present large statistics, nothing of positive value can be ascertained. The point, and it is the text of our discourse, is this: that rudimentary organs are oftener seen in the negro than in the white man. For instance, in persistent rudimentary muscles, such as the *plantaris* and *psoas-parvus*, the former, as a rule, seems to be better developed in the African than in the white race; while the latter, which, according to M. Theile (Gray), is present only in one of twenty subjects, has been seen by us in at least one in six, and well-developed withal.

Again, the *lineæ transversæ* in the aponeurosis of the external oblique muscle have seemed to be uniformly more conspicuous in black subjects than in white. Besides, this aponeurosis is generally thicker and coarser in these sons of Ham than in their paler cousins. In teaching anatomy this observation has more than once provoked the remark that the question as to whether the subject had been a *gentleman* or not might be settled by an inspection of his abdominal muscles, though we believe that it could be more truly taken as a test of race, so far as white and black subjects are concerned. Again the general coarseness of structure presented by the negro as compared with the white is a fact, we think, apparent to all who have dissected subjects belonging to both races.

These observations—taken together with the flattened cranium and nose, wide-spread nostrils, thick lips, and prognathous jaws of the unmixed African, and the scanty development of the calf-muscles of the leg, which any one may observe in the negro children who run bare-legged about our streets—

would seem to indicate that in going from the Caucasian to the negro we approach more nearly the Darwinian progenitor of man; and we believe that a careful study of the comparative anatomy of the *races* would elicit some important facts bearing upon this interesting subject.

The demonstrators of anatomy in certain sections of the country have it in their power to cultivate this field of observation.

In the medical colleges of our Southern States the comparison of the black with the white race can be made with ease; and now that the Chinaman has become so conspicuous a part of the Pacific-coast population, the schools of that section might, through the efforts of enterprising resurrectionists, intercept a sufficient number of Mongolian dead on their return-passage to the Celestial Empire to enable them to see what the anatomy of the yellow race may teach in this direction. The Indian race also can be made to furnish information to the point.

There is wide scope presented here for study of an interesting and useful character, and we would suggest that the demonstrators of anatomy, in all schools where subjects of distinct races may be brought into the dissecting-rooms, take accurate notes of all anomalies and peculiarities observed during future work, paying particular attention to the *races* in which these may occur. The records of these observations can then be put into the hands of the comparative anatomist for classification, and will prove a valuable contribution to science in themselves, even if they should fail to answer any of the questions involved in the descent of man.

YELLOW FEVER IN FLORIDA.—Two cases of yellow fever were recently brought into Pensacola by the ship Emma Payzant. Five others have since developed in the vessel, but the disease has not yet reached the city.

THE International Medical Congress came to a close on the 9th inst., amid a tumult of cheers, after an address by Prof. Huxley.

Original.

PELVIC CELLULITIS.

BY T. S. GALBRAITH, M.D.*

A French anatomist once described the uterus as floating in a sea of areolar tissue. The great prevalence of cellular and connective tissue in this region as expressed by this fanciful figure is corroborated by all competent anatomists and gynecologists. What is known as the pelvic roof is formed by reflection of the peritoneum from the abdominal walls in front, over the anterior and upper third of the bladder, to the body of the uterus. Then passing behind the uterus inclosing the utero-sacral ligaments, and extending an inch or more below the vaginal junction to form Douglas's cul-de-sac, it passes backward to the anterior surface of the rectum. As the peritoneum, like a pliant covering, invests the various organs of the pelvis, dipping down on either side of the fallopian tubes, it incloses in its folds a certain amount of cellular tissue and aids in forming the uterine ligaments. Cellular and connective tissue fill up all that part of the pelvic cavity between the pelvic roof and floor of the pelvis which is not occupied by the viscera. It surrounds the cervix in great abundance, is found between the folds of the broad ligaments, between the vagina and rectum, uterus, and bladder; in short, every where around the pelvic organs cellular tissue is found, except at the uterine fundus, which is in close contact with the peritoneum.

The close anatomical relation of these structures has given rise to a hotly-contested and much-discussed question as to the relative frequency of inflammation involving only the pelvic peritoneum, and inflammation confined to the pelvic cellular tissue. Dr. Emmet says, "It is inconceivable that inflammation of any portion of the pelvic peritoneum could exist without involving the cellular tissue with it; and we certainly can not have extensive cellulitis without its extending to the peritoneal covering, which is in such close relation to it." He therefore gives it as his opinion that the distinction is only a theoretical one, since the difference can not be recognized in practice. Prof. Thomas recognizes them as distinct diseases, and lays down explicit rules for their differentiation.

I am inclined to think that a more con-

*Read before the Mitchell District Medical Society, at Columbus, Ind., June 28, 1881.

servative view than that expressed by either of these eminent gentlemen will be found to conform more nearly with our experience in every-day practice; and that is that the two affections are often so intimately associated that it is impossible to differentiate between them; but in a great majority of cases the symptoms representing one or the other affection will predominate to such a degree as to enable us to make an accurate diagnosis. The etiology of the affection will to a certain extent aid in diagnosis. Pelvic peritonitis sometimes occurs in young girls and nonparous women from exposure and imprudence during menstruation. The affection, rarely occurring in nonparous women, frequently follows parturition, abortion, and accidents of the puerperal state, operations on the cervix, and the introduction into the uterine canal of sounds and tents and other dilating apparatus. It certainly should be regarded as a misfortune for a woman to have any form of pelvic inflammation. It is admitted by eminent gynecologists to be the most important disease with which woman is afflicted; but that form of inflammation which attacks the peritoneum is by far the more serious affection, as relapses are frequent and the liability of permanent injury to the tissues is very great. The ovaries may be encased by effused lymph, and their destruction accomplished by abscess or atrophy. The womb may become fixed in a false position by the contraction of newly-organized false membranes; hence, as consequences, amenorrhea, dysmenorrhea, and sterility naturally follow. All these results may follow pelvic cellulitis when complicated with pelvic peritonitis; but we unquestionably find many simple and uncomplicated cases of pelvic cellulitis which may be recognized, and if properly treated will terminate as such, and without injury to the tissues.

It is of the greatest importance that we differentiate between these diseases at their onset, in order that our prognosis be intelligently made, and the proper treatment instituted. Pelvic peritonitis admits of no interference per vaginam, whereas pelvic cellulitis may be aborted by the timely and judicious use of hot water. Both diseases are ushered in by some constitutional disturbance; usually a chill, followed by a rise in the temperature; localized pain is seldom absent. The physical shock is greater in pelvic peritonitis. The facial expression is peculiar and characteristic. Nausea with vomiting and abdominal tenderness are not uncommon symptoms of peritoneal inflammation.

Digital examination in the first stage of pelvic peritonitis reveals pain and induration at the pelvic roof. Any manipulation that causes movement of the fundus will produce severe pain. In the second stage of the disease fixation and immobility of the uterus is a constant symptom, and it is pathognomonic of that form of inflammation.

Pelvic cellulitis is a true phlegmon, and presents all the symptoms peculiar to that form of disease; and the tissues likely to be involved are accessible to the examining finger. By digital exploration and the bimanual method of examination we are able to make a diagnosis with a great degree of certainty. In the first stage of the affection we find localized pain and acute congestion of the pelvic cellular and connective tissue, increased heat in the vagina, and about the seat of the inflammation the tissues will be edematous. If the disease passes into the second stage a tumor is always formed. These tumors frequently attain the size of a common apple. They are generally situated in one of the broad ligaments near the uterus. Under favorable conditions they gradually disappear by absorption, leaving the structures involved less elastic and often bound together by adhesions. The tissues involved in the diseased action may undergo contraction and displace the uterus to the affected side. Under less favorable circumstances, abscesses are formed. The tissues break down, and the condition which follows will thoroughly test the endurance and recuperative powers of the patient as well as the skill and forbearance of the physician.

The *treatment* of pelvic peritonitis may be summed up in a few words—entire relief from pain by the liberal use of opium and absolute rest on the part of the patient.

The same general treatment is equally applicable to the first stage of pelvic cellulitis, with the important addition of the hot vaginal douche, administered after the method so well described by Dr. Emmet in his late work on Gynecology. The chief points of this method, as you are all probably aware, are these: The patient must be at rest in bed, with the hips elevated, and the water, as hot as can be borne, administered by a nurse.

In the acute stage of pelvic cellulitis the patient should be put to bed and made as comfortable as possible, and the bath continued for an hour or longer at short intervals. If used in the early congestive stage

before effusion takes place, great relief will be experienced at once, and in the majority of cases the attack will be aborted.

In the treatment of chronic cases, where vaginal injections form a principal part of the treatment, it is often desirable to dispense with the presence of a nurse and allow the patient to administer the bath herself. I am in the habit of meeting this indication by having a bed-pan, constructed of zinc, modeled somewhat after the pattern of the common French bed-pan; only it raises the hips higher and is provided with a piece of rubber tubing, which conducts the waste water to a bucket at the bedside. A two-gallon tin bucket, to which is attached five or six feet of rubber tubing provided with a vaginal tube of hard rubber, completes the apparatus. It is inexpensive and answers the purpose very satisfactorily.

REPORT OF CASES.

The following brief synopsis of cases that have recently occurred in my practice will illustrate some of the different phases of pelvic cellulitis:

CASE I.—March 1, 1881, Mrs. R., about twenty-seven years old, came under my treatment. The patient had suffered a bilateral laceration of the cervix during confinement three or four years previously. The left broad ligament was dense and contracted, drawing the uterus to the affected side, which was no doubt the result of a former cellulitis. At this time, however, the patient had a severe menorrhagia, and it was thought advisable to apply Thomas's dull-wire curette to the endometrium for the relief of that trouble, which was done, causing but little pain. The patient was instructed to maintain perfect rest in bed for a few days, and to elevate the hips and take a vaginal injection of hot water promptly in case any symptoms of cellulitis should arise. During the same day of the operation the patient walked up and down stairs several times, and disobeyed my instructions in other important particulars. The result was that within twenty-four hours an active cellulitis was developed, which rapidly passed into the second stage. A tumor as large as an orange was formed in the right broad ligament, which could be distinctly felt by bimanual palpation. After some unavoidable delay the hot-water douche was thoroughly applied, but not early enough to abort the disease. The inflammation having reached the second stage, or stage of effusion, of course no further prophylactic treatment was practiced, but the patient was still required to remain at rest in bed. The urine was taken away at proper intervals with the catheter, and all pain was relieved by the free administration of Magendie's solution of morphia hypodermically. The patient's hips were placed upon a bed-pan, and the vagina injected with hot water twice a day. It was hoped by this plan of treatment to prevent as much as possible systemic disturbance, allay local irritation, reëstablish the pelvic circulation, and thereby hasten the disappearance of the products of the inflammation by resolution; which, I am glad to state, was accomplished. The tumor gradually disappeared, and at the end of about six weeks scarcely a trace of it could be discovered.

CASE II.—April 30, 1881, Mrs. J., about twenty-five years old, stout and robust physique, gave a history of an abortion which had occurred about a year previously, since which she has not been entirely well. She was treated at my office for granular degeneration of the cervix. A large nabothian follicle, which projected half an inch into the cervical canal, was snipped off close with a pair of scissors, and Battey's iodized phenol was thoroughly applied to the entire cervix. The usual cotton-and-glycerin tampon was placed against the cervix. After resting a few hours the patient was driven in a carriage to her home, three miles in the country.

The following day she was attacked with severe pain and other evidences of pelvic inflammation. Examination two days later revealed a distinct cellulitis, with an indurated mass already formed behind the uterus and on a level with the external os. This tumor remained almost stationary for two weeks, then gradually disappeared by absorption. The treatment consisted in the liberal use of opium, by mouth and rectum, and the injection of hot water into the vagina twice a day.

During the progress of this case some extremely interesting nervous phenomena were witnessed, such as great irregularity of the heart's action, and occasional violent and distressing attacks of dyspnea, due no doubt to local irritation in the pelvic cellular tissue being transmitted to the sympathetic system. These symptoms are well calculated to mislead a physician who is not familiar with the various peculiarities of this disease.

CASE III.—March 12, 1881, Mrs. H., aged thirty-five years. Was treated for menorrhagia, due to fungous degeneration of the

uterine mucous membrane. After dilating the cervical canal with a tupelo tent, the body of the womb was thoroughly scraped with Thomas's curette. The usual care was observed for a few days, that inflammatory trouble might be avoided. For about one week the patient seemed to be progressing well, but at the end of that time symptoms of pelvic peritonitis became manifest, complicated with a limited cellulitis situated between the uterus and bladder. The treatment consisted principally in the free use of opium until pain was subdued, and fomentations and poultices were often applied to the abdomen. But the progress of the case was unsatisfactory for several weeks. The patient was seldom free from fever, though the temperature was at no time observed to be above 103°. Nausea and vomiting were frequent and distressing symptoms. The bowels were moved only about once a week.

In about six weeks from the beginning of the attack the bowels seemed to be obstructed. A rectal examination revealed the lower border of a tumor or indurated mass situated behind the uterus and pressing on the rectum. The womb was entirely immovable. The patient from the beginning had been restricted almost exclusively to a liquid diet. The mass behind the uterus proved to be an abscess, which opened into the rectum and discharged a large quantity of very fetid pus. This discharge continued in diminishing quantities for four or five days. The patient was placed in the knee-and-chest position, and the rectum injected carefully twice a day with warm carbolized water, as long as any fetor could be detected in the discharges. In a few days after the discharge of the abscess the bowels were with some difficulty moved. The patient from that time began a tedious but satisfactory convalescence. I was materially assisted in the management of this case by Dr. Oppenheimer, who saw the patient in consultation with me several times.

SEYMOUR, IND.

NITRATE OF SILVER FOR WORMS.—Dr. M. P. Greensword (Medical Summary) was accidentally led to regard nitrate of silver as a remedy for worms. Further use of this drug has convinced him that it is one of the most potent agents we have for the destruction and expulsion of worms. He gives a teaspoonful three times a day of a solution of five grains of nitrate silver in six ounces of rain-water.—*Canada Lancet.*

Correspondence.

Editors Louisville Medical News:

Correct injection of acet. lead and sulph. zinc in your edition of July 23d. Query: Do writers in medical magazines write to display their learning or for the instruction of others? It should be for the latter reason. Then why not use language that can be understood by ordinary minds, and not cause a waste of time, for those who wish to be instructed, in looking uselessly through lexicons in general use with us? J. M. J.

HOLLY HILL, FLA., July 29, 1881.

[The formula was corrected in our issue of July 30th. While we were chagrined that it should have escaped our watchfulness in the proof, we were comforted by the thought that the error was not of a nature to do harm.

In answer to the query, we would say that contributors to medical journals do not write to display their learning, but for the purpose of exchanging opinions and giving their professional brethren the benefit of their observations and experience in the treatment of disease. Medicine, like all other scientific studies, has its own peculiar technicalities, and it is impossible to discuss medical topics with accuracy if only terms of ordinary language are employed. Six and a half dollars will buy a Dunglison's Medical Dictionary, edition 1874, and three dollars and a quarter a Thomas's edition 1879, and in these will be found, clearly defined, nearly all terms employed by the medical writers of the day.

We will admit, however, that in trying to keep abreast with the times in the matter of new drugs and pharmaceutical preparations (to say nothing of the writer on diseases of women) we do now and then employ terms that require interpretation even to the doctor; and the NEWS has always endeavored so far as it was possible to give ample explanation of these as they have appeared from time to time.

Our correspondent certainly does not expect to be able to read and understand medical literature without a fair knowledge of its terminology, and this, we all know, is wearisome work for the beginner. Other classified studies, such as mathematics, metaphysics, law, and theology, make this demand of him who reads them, and we can not expect that medicine should stand as an exception to the rule.]

Clinical Lectures.

CLINICAL LECTURE ON WHITLOW.

Delivered in University College Hospital.

BY CHRISTOPHER HEATH, M.D., F.R.C.S.

[From Medical Times and Gazette.]

Taking the simplest form of whitlow, or *paronychia*, first, it is a localized inflammation of the skin of the finger, of an erythematous or erysipelatous character, which is generally due to an animal poison; yet it is not seen as the result of an ordinary post-mortem examination of a human body, but is met with on the hands of cooks and poultry-dealers who have to do with game which is "high." Some slight pinch or scratch is sustained, and a few hours after the finger begins to tingle and the skin to redden without any great swelling, and this redness or erythema spreads up the finger, and, if not checked, up the hand. This is very different from the lymphatic inflammation we are all too familiar with as following "post-mortem wounds," and much less serious; for, although it may spread if not treated, its tendency is to disappear without any serious harm happening. The treatment is, however, sufficiently simple, for nitrate of silver checks it at once if applied as a twenty-grain solution, or lightly penciled all over the reddened part and a little beyond with the wetted stick of lunar caustic.

The next in severity is the superficial or subcutaneous whitlow, found usually about the nail or the tip of the finger, but occasionally in other parts, due to some slight injury or irritation, such as is likely to occur in the hands of nurses and housemaids who constantly use blacklead and soft soap. Here matter rapidly forms with the usual painful throbbing, but is ordinarily quite superficial, and can be readily evacuated without the least pain by incising the cuticle, which is perfectly insensitive. Occasionally, however, when a foreign body has found its way beneath the nail, the matter forms there and gives rise to excruciating agony from the tension beneath unyielding structures. Judicious cutting away of the nail will relieve this if near the margin, but if near the base it is much better to pare down the nail with a sharp knife until the matter is let out than to resort to the unnecessary cruelty of cutting or pulling out the entire nail.

The third kind of whitlow is really an acute necrosis of the terminal phalanx following periostitis and suppuration beneath the periosteum, just as it does in the case of a long bone. A very slight injury may set it up—the mere prick of a needle or pin, which is forgotten before the mischief shows itself. After some hours' uneasiness, with slight swelling of the terminal phalanx, the pain becomes acute and throbbing, and entirely prevents the patient from sleeping. If timely relief is not given, matter will slowly make its way to the surface of the finger, but never up the sheath of the tendons, and when discharged will leave the greater part of the phalanx bare and dead behind it. A timely and free incision is the only mode of saving the phalanx, and can not be resorted to too early, for, if no matter be present, the inflamed periosteum will still be divided, with great relief to suffering. The finger should be held firmly upon the table, and the surgeon, entering his knife just above the transverse interphalangeal mark in the skin, should cut boldly down to the bone in its whole length from base to apex.

When, as so often happens, these cases have been treated domestically with "soap-and-sugar" and poulticing till the end of the finger is riddled with sinuses, there is nothing to be done except to extract the necrosed phalanx as soon as it is loose, and to bring the finger into shape by careful water-dressing applied in strips, as in the woman lately in these wards. In the great majority of cases the base of the phalanx (which, I may remind you, is its epiphysis) survives the mischief; and this is important, because it gives attachment both to the tendon of the deep flexor and also to the sheath of the tendons; but even when it necroses the sheath escapes, and matter does not find its way along it. The phalanx being gone the soft tissues contract and the nail becomes considerably incurved, leaving a somewhat shortened but very useful finger.

Then we have inflammation of the skin and subcutaneous tissues in any part of the finger, and this may lead to the true thecal abscess or to necrosis of any one of the phalanges. Originating often in some slight puncture or poisoned wound, the inflammation is very acute and the tension and pain severe. Leeching may be of service in the early stage of the disorder, but if it is not shortly arrested incisions will be necessary; and it is here that mistakes are often made. The incisions, whether made along the center or the sides of the finger, ought *not* to open the theca or sheath of the tendons; for if the sheath is opened in this position the tendons invariably slough, and the patient is left with a stiff finger. For this reason incisions upon each side of the finger are safer than one in the center, that may unawares let out the tendons, which will look perfectly healthy at the moment, but soon become sodden and softened.

In the patient I showed you last week I found that notwithstanding an incision, which had temporarily relieved him, matter had formed in the sheath and had found its way into the palm. This was shown by the tension both of the palmar and of the dorsal surfaces of the hand, the latter being a very important guide in the diagnosis; and I proceeded to evacuate the matter by making an incision through the palmar fascia over the head of the metacarpal bone. You will remember that the superficial palmar arch never comes farther forward than the middle one of the three lines found in the skin of the palm, and that the digital arteries arising from it in the spaces between the flexor tendons bifurcate half an inch from the webs of the fingers. There is plenty of room, then, for a sufficiently free incision in the center of any of the fingers below the transverse crease which marks off the finger from the palm, or, as I have said, over the head of the metacarpal bone. Matter flowed as soon as I had introduced my knife through the palmar fascia, and I enlarged my incision toward the wrist, upon a director, to the extent of nearly an inch without seeing any thing of the flexor tendons. The result has been that the boy has gone out in a week with a perfectly useful finger, whereas if I had opened the theca and exposed the tendons they would now be separating and the finger would certainly become useless.

The synovial sheaths of the flexor tendons of the thumb and little finger are often, though not always, in direct communication with the synovial membrane of the annular ligament of the wrist, and hence matter is rapidly conducted in this way up to and, if not relieved, into the forearm.

As regards the removal of a finger, a great deal will

depend upon which finger it is. The forefinger is so important on the right hand for holding the pen that even a stiff forefinger is better than none. The middle and ring fingers are, however, comparatively unimportant, and if stiff, are apt to get in the way and become an encumbrance. The little finger is seldom affected by whitlow, and will not materially affect the usefulness of the hand if stiff. As regards the thumb, too much care and trouble can not be expended upon its preservation. If the terminal phalanx is necrosed, it can be extracted as in the other digits; and if the first phalanx or even the metacarpal bone, is necrosed, either may be extracted and leave a shortened but very useful thumb.

Books and Pamphlets.

ON "KERION CELSI," A VARIETY OF TINEA TONSURANS. By J. Edmonson Atkinson, M.D. Reprint from the Archives of Dermatology, Vol. VII, No. 1, January, 1881.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY, AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By S. W. Gross, A.M., M.D., Lecturer on Venereal and Genito-urinary Diseases, Jefferson Medical College. Phila.: Henry C. Lea's Son & Co. 1881.

MAY IODIDE OF POTASSIUM EXCITE BRIGHT'S DISEASE? By J. Edmonson Atkinson, M.D., Professor of Pathology and Clinical Professor of Dermatology in the University School of Medicine, Baltimore. Extract from the American Journal of the Medical Sciences for July, 1881.

E SCINTILLA LUX (CARTWRIGHT PRIZE ESSAY): OBSERVATIONS WITH THE HEMACYTOMETER UPON THE GLOBULAR COMPOSITION OF THE BLOOD AND MILK. By Frederick P. Henry, M.D., Physician to the Hospital of the Protestant Episcopal Church, Philadelphia, etc. Published by F. A. Davis, Att'y, medical bookseller and general agent for Wm. Wood & Co., 923 Chestnut Street, Philadelphia.

TRICHINÆ (PORK-WORMS, OR FLESH-WORMS): HOW TO DETECT THEM AND HOW TO AVOID THEM. Peing a popular account of their habits, modes of propagation, and means of dissemination. Intended for the use of farmers, butchers, pork-dealers, and consumers of pork. By Jno. Phin, editor of the American Journal of Microscopy. Rochester, N. Y.: The Bausch & Lomb Optical Company. 1881. Copyright secured.

EUCALYPTUS GLOBULUS. By D. Snyder, M.D., Scio, O. Read before the Ohio State Medical Society, June 16, 1881. Reprint from the Ohio Medical Journal for July, 1881. Columbus, O.: Cott & Hann, publishers.

A concise and well-written paper, giving the habitat, manner of growth, and medicinal properties of this remarkable tree. The chief object of the paper is to call attention to the practicability of growing the eucalyptus in the Southern States, and to encourage such undertaking the author says, "If any member of the profession would like to make an effort to grow them in this climate, I will cheerfully forward by mail pure seed with instruction how to plant."

Formulary.

ON THE ABORTIVE AND CURATIVE TREATMENT OF SMALLPOX.

The following is the formula recommended by Dr. Bouyer, who used it in fifteen cases:

Alcohol.....	℥ ijss–iv;	10.00–16.00 Gm.;
Salicylic acid....	gr. xv;	1.00 "
Simple syrup.....	℥ v;	20.00 "
Water.....	℥ ij;	60.00 "

Of this a tablespoonful should be taken every six hours if the case is seen early, and every four hours if the disease is well advanced before the treatment is begun. Dr. Bouyer finds that under this treatment, commenced early, the eruption is discrete, or if confluent, the pustules are of small size and contain but little pus. They contract between the sixth and eighth day, leaving light furfuraceous crusts, which fall off in a few days without leaving either cicatrices or stigmata. The fever of suppuration is always greatly diminished.—*Journal de Thérap.; Glasgow Medical Journal.*

SASSAFRAS OIL AS A REMEDY FOR RHUS-POISONING.

Dr. H. Neeson, of Bellevue, La., writes to New Remedies the following:

Allow me to suggest the free use of oil of sassafras in these cases. I have used it for years, and have never been disappointed in a *single instance*. The following is my prescription:

Sweet oil (fresh cream is better).....	℥ j;	30.00 Gm.;
Oil sassafras	gtt. xv;	1.00 "

M. S. Anoint the face, hands, and all affected parts well three or four times a day.

If the bowels are constipated or there are febrile symptoms, give sulphate of magnesia as a laxative. Try it, and you will be satisfied with the results even in the most aggravated case.

HOW TO COVER THE ODOR OF IODOFORM.

One of our leading pharmacists sends us the following formula, which he claims will effectually mask the odor of iodoform:

Iodoform.....	℥ ss;	2.00 Gm.;
Oil lavender.....	gtt. x;	0.30 "
Alcohol.....	fl.℥ ij;	8.00 fl.Gm.;
Glycerin	fl.℥ vi;	24.00 " M.

Any one who recalls the many bad-smelling substances which have been proposed for this purpose will take comfort in the above.

MOUTH-WASH IN SCARLET FEVER, ETC.

In scarlet fever, diphtheria, aphthae, and gangrene of the mouth and fauces Dr. Bartholow gives the following:

℞ Aquæ chlorini.....	fl.℥ ss;	15.00 fl.Gm.;
Aquæ destillat.....	fl.℥ iijss;	105.00 "
Syrup. simplic.....	fl.℥ ss;	15.00 "

M. Sig. As a gargle or lotion for the mouth.

Dr. Bartholow believes that the chief utility of this wash is in the removal of fetor, though he admits that it may exert a toxic influence on disease-germs.

TREATMENT OF HAY-FEVER.

Dr. Hermann Hager, who has observed a case of catarrh with subsequent asthmatic trouble and loss of appetite, which closely resembled the hay-fever of England and the United States, employed the following:

℞ Quinidiæ sulphatis.....	ʒ ijss;	10.00	Gm.;
Tragacanthæ.....	ʒ j;	4.00	"
Althæa rad.....	gr. xv;	1.00	"
Gentian rad.....	ʒ ij;	8.00	"
Glycerin..... } Acid. hydrochloric.... }	āā ♏ cviij;	7.00	"

M. Make two hundred pills. Take three every two hours.

The condition of the patient improved during the course of the first day, and upon the second day the patient was well. Six months afterward the attack again occurred, but yielded readily to the same treatment.

Hager thinks that hay-fever is caused more probably by the dust or spores of fungi than by the pollen of phenogamous plants.—*Pharm. Centralhalle; New Remedies.*

Pharmaceutical.

DEODORIZED IODOFORM.—Dr. Hager cautions against the use of certain agents which have been proposed to neutralize the odor of iodoform. Tannic acid, which has been recommended, combines with the iodine of the iodoform, and thereby destroys the odor of the latter; at the same time the new compound is probably without any specific iodine effect. Balsam of peru also absorbs iodine, and makes it almost inert; hence it must be used very sparingly, not more than one part to every ten parts of iodoform. Ethereal oils—such as oil of anise, peppermint, fennel, bergamot, etc.—afford the least objectionable means of masking the odor. A small quantity is enough, not more than one part of oil to twenty parts of iodoform. It should suffice to *modify* the odor of the latter, and not to destroy it completely.—*Pharm. Centralhalle; New Remedies.*

STEATINA are preparations of about the consistence of wax, and intended for external use in the place of ointments and plasters which are, the one too soft and the other too hard, for obtaining the full effects of the medicinal ingredients. The old name *cerata* has been discarded, since many of the compounds do not contain wax.

Steatinum Chlorali Camphoratum;

℞ Chlorali hydratis.....	2	parts;
Camphoræ.....	2	"

Mix in a vial at a moderate heat until liquefied, then add—

Ceræ flavæ.....	5	parts;
Sebi ovilli.....	11	"

previously melted together at a very moderate heat.

Steatinum Chloroformi:

℞ Chloroformi.....	1	part;
Olei olivæ.....	1	"

Mix and add to the following, previously melted together at a low temperature:

Sebi ovilli.....	1	part;
Ceræ flavæ.....	2	parts.

Steatinum Iodoformi:

℞ Sebi ovilli.....	18	parts;
Ol. myristicæ expressi	2	"
Iodoformi subt. pulv.....	1	"

Dissolve with the aid of a water bath.

Steatinum Mercuriale:

℞ Hydrargyri.....	25	parts;
Ungt. hydrargyri (old).....	5	"

Triturate until globules of mercury are no longer visible, then mix with the nearly cold mixture of—

Adipis suilli.....	22	parts;
Sebi ovilli.....	10	"
Empl. plumbi solidi.....	18	"

Large amounts of aqueous saline solutions can not be permanently incorporated with cerates, and are apt to undergo decomposition with plasters. If incorporation of the dry salts be inadmissible, a mass of suitable consistence may be prepared from gelatin, glycerin, and water, and applied by saturating with it muslin or gauze. Substances rendering gelatin insoluble can not be applied in this manner.—*Berl. Wochenschr.; Phar. Centralhalle; Amer. Jour. of Pharm.*

TEST FOR ATROPIA AND DATURIA.—Dioscoride Vitali recommends the following: Add to the substance a little fuming nitric acid, dry by the aid of a water-bath, and when cold add a drop of solution of potassa in absolute alcohol, when in the presence of as little as 0.000001 gram atropia or daturia sulphate, a violet color will be produced, passing into bright red. Under the same circumstances strychnia produces a red and brucia a greenish color.—*Archiv d. Phar; L'Orosi; Amer. Jour. of Phar.*

POST-OFFICE REGULATIONS RESPECTING POWDERED SUBSTANCES.—A general order was issued June 2d by the Postmaster-general declaring samples of flour or other powdered substances unmailable, except when put up in transparent bags made of parchment paper or similar material, and sealed so that no particles can sift through. These bags must also be inclosed in boxes or tubes made of hard wood or metal with sliding or clasp or screw lids.—*New Remedies.*

Miscellany.

Tattoo Marks as Anatomical Guides. A Paris letter gives this item: Henceforth, be it understood, the dermographic artists will be looked upon as valuable auxiliaries to surgery. "Why is it," asks Dr. le Comte, who is a physician to a regiment of dragoons, "Why is it that such numbers of soldiers die on the battle field?" And then he replies, confidently, "Simply because of the difficulty which arises in regard to arresting hemorrhages." The compression of an artery being the best mode of stopping profuse bleeding, Dr. le Comte proposes to teach each soldier first where these vessels are situated, so that he may assist himself while waiting for a surgeon; and so he tattoos an image of some kind upon every portion of the soldier's body where there is an artery. —*Med. Press.*

[If this last remark be true, what streaked and spotted fellows these soldiers will be! Would it not be better to dip each soldier into a bath of India ink, and then to run him through some machine that would prick the ink into the entire skin?]

Nostrums in their Relations to Public Health.—Albert B. Prescott, M.D., F.C.S., in an able article on this subject published in the Physician and Surgeon, says:

It may be submitted now that *the use of patent medicines without a knowledge of their composition does injury to the health of the people:*

1. Because they may, and in fact sometimes do, contain powerful or poisonous articles unsuspected.

2. Because they always may be, and often are, inert, and become a false reliance to the neglect of other and due measures in the care of health.

3. Because they are liable to be changed in composition, so that any experience of their effects, as they are purchased at one time, is not conclusive as to the same-named articles purchased at another time.

4. Because it is submitting disease to the treatment of a distant and irresponsible stranger and hazarding health in an apparent game of chance.

5. Because they are trusted to act as antidotes in the sense in which no medicines can so act.

6. Because they favor excessive recourse to medication, and thereby increase the resort to physicians and intensify the demand for the physicians to give medicines whether needed or not.

7. Because their analysis shows the greater part of them to be given with multiplied falsehood, and the patronage of falsehood must be demoralizing both to the mind and to the body.

A New Way of Applying Nitric Acid as a Caustic.—W. R. Spears, M.B., C.M. (London Practitioner), claims that the following mode of applying nitric acid to a nevus has proved quite satisfactory in his hands: He breaks off the neck of an ordinary two-ounce bottle and inverts this over the nevus, pressing the rim firmly down on the skin. This forces the tumor well up into the neck of the vial, when the acid can be applied by means of a pipette and easily brought into contact with the whole surface of the tumor. Before removing the bottle-neck the excess of acid should be mopped out by means of cotton wool upon a probe. Nitric acid thus applied produces a circular slough, with clean-cut edges, and its action is confined to the tumor alone, producing no subsequent cicatricial contraction or distortion. The operation is attended with but little pain, and the results are all that could be hoped for. One year after an operation for relief of nevus, performed as above stated, the scar was scarcely perceptible, becoming only slightly crimson when the child cried.

The Absorption and Elimination of Quinine.—Lepidi-Chioti has made a series of experiments on the absorption and elimination of quinine, and comes to the following conclusions: Quinine is not eliminated with the saliva or sweat; it is not absorbed through the skin; administered hypodermically it appears in the urine after thirteen to fifteen minutes; taken by mouth it appears after fifteen to seventeen minutes; given by the rectum it may be detected in the urine after twenty to twenty-five minutes. —*Gaz. des Hôp.; N. Y. Med. Record.*

Jamaica Dogwood.—The use of Jamaica dogwood as a substitute for opium has been highly recommended by those who have investigated its properties. It is more decidedly hypnotic than opium, produces no anorexia headache, and does not constipate the bowels or interfere with digestion. It acts rapidly, but its effect is less durable than opium, and requires to be given more frequently. Dose, twenty minims of the fluid extract every three hours.—*South. Med. Rec.*

A NOTE ON SNAKE-BITE.—S. L. D., of S. Afghanistan, writes to the London Lancet: A grass-cutter was bitten on the foot by a snake. I saw him two hours after; right foot swollen and painful, two small punctures at the seat of bite, pain running up leg to groin. No bad symptoms. Ordered a poultice. Next day the pain had extended up right side to the right axilla, and there were pain and great swelling of the left forearm and elbow. Ordered hot fomentations. Pain and swelling soon subsided; in a few days the man was well. It is interesting to notice in this case the general distribution of the poison through the lymphatics and the length of time it took for all the effects of the poison to show themselves.

CARD OF THANKS.—The latest advertising dodge is "the card of thanks." An eminent surgeon in Western Ontario recently performed a successful operation for the removal of stone in the bladder, and his grateful patient rewards his skill and kindness by handicapping him with a vulgar "card of thanks" in the advertising columns of a local newspaper, cheek by jowl with the "celebrated Dr. M. H. Williams, of the "Throat and Lung Institute" notoriety.—*Canada Lancet.*

THE Fifth Annual Meeting of the American Dermatological Association will be held in Newport, R. I., on August 30th and 31st and September 1st. Arthur Van Harlingen, M.D., secretary.

Selections.

Changes in Milk from Maternal Causes.—In a paper called An Experimental Inquiry into Human Milk, by Thos. M. Dolan, F.R.C.S.Ed. (London Practitioner), we find the following practical suggestions relative to the changes that milk may undergo from maternal causes:

1. *Influence of the Age of the Mother or Nurse.* In selecting a nurse most modern writers upon midwifery recommend the selection of a sound, country-bred woman, from the age of twenty to thirty. In this they follow the advice of the old writers, as Ætius, Paulus Ægineta, Van Swieten, Levret, Mauriceau, Donné, Bouchut, Lévy. This period of life, from general considerations, is no doubt the best for the performance of maternal functions.

2. *Age of the Milk.* The question of the influence of the age of the milk, as regards the nursling, has given rise to the most varied opinions. The best rule to follow in choosing a nurse is to select one who has been confined as near as possible to the time at which the mother has been confined; thus the milk will be more suitable for the wants of the child.

A great difference exists between the milk of the first month and that of succeeding months. The milk when first secreted is more viscid, irritative, and in many cases acts as a laxative, and is distinguished by the presence of colostrum corpuscles, about which there exists the greatest diversity of opinion, and of which Donné is said to have been the discoverer.

3. *Constitution of the Nurse.* The constitution of the nurse has a most important influence on the composition of milk, and all accoucheurs agree on this point.

We can judge of the general health of the person selected by appearance, family history. Preference should be given to a country-bred woman, between twenty and thirty years old. A physical examination must be made so as to detect any hereditary taint, and the mammæ must be inspected not only as regards the secretion, but as to the state of the nipples.

The free and easy carriage of the country-bred woman, her muscular development, ruddy or bronzed complexion, and well-rounded breasts afford easy indications of capacity for nursing; and one very valuable sign as to the state of the health may be derived from the state of the teeth, which should be sound.

We have alluded to the influence of the mind on milk and the effect of anger and ill-temper upon the secretion, so that moral influences should not be neglected. It is therefore important to secure a good-tempered, kind, affectionate woman, and much may be learned from physiognomy.

One golden rule should be observed as to the diet of hired nurses—viz. it should approximate as closely as possible to their previous condition of life and the part of the country from which they come, while at the same time they should be allowed exercise according to their previous habits.

Though we would look out for all the above physical characteristics in a hired nurse, yet it does not follow that spare, thin, wiry women are unfit for the duties of nursing. I have known some of the healthiest infants who have been nourished by women whom I would not have selected for the office, but in whom the milk-secretion has been plentiful and good.

4. *Number of Children.* The primipara is new to her duties, while the multipara is more experienced in the management of the newly-born child. Hence preference might be given to the latter.

Is there any great difference between the composition of the milk?

[Here the writer appends tables of comparison by Vernois and Becquerel and Dolan and Wood, which show no great difference between the milk of multiparous and primiparous mothers.]

5. *Gestation.* Authors are almost unanimous in rejecting pregnant women as nurses, and by the French code they are forbidden to take charge of a nursling under penalty of a fine.

There is no satisfactory evidence to prove that the milk of a pregnant woman is injurious, and the objection arises from a sentimental feeling about the impropriety of such a practice. I have known a large number of mothers who suckled their children while pregnant. The children have thriven well; and although I would not recommend a wet-nurse who was pregnant, yet I would not prevent a mother suckling her own child.

The question arises, What effect has such a practice upon the fetus? Is the fetus injured? When born is there any indication that it has suffered? Is

it dwarfed, puny, or deformed in any way? I have not found any bad results. The child has been of usual size.

6. *Size of Mammæ.* We very frequently find that a woman with very large breasts does not secrete as much milk as a woman with comparatively small ones, the size of breasts being caused by an excessive deposit of adipose tissue; so that as regards the composition of milk there does not exist much difference. It is well to select a nurse with moderately-developed mammæ which have a firm elastic feel, without too much fat.

7. *Alteration produced by the Time the Milk remains in Mammæ.* Some of the principal constituents of milk are in solution, some in suspension; and hence from the mechanical disposition of the milk in various animals there is a difference between the milk first drawn off and the last.

The udders of the cow, goat, and ass are dependent like a vase, and the butter rises to the upper portion when the milk has been long retained; hence in the last part drawn off there is a larger proportion of butter.

Upon the other hand, the breasts being differently placed in the human subject, there is but little difference between the first and the second portion, though some chemists maintain that the same results are obtained as in the cow, goat, and ass, the last portion drawn off being richer.

8. *Menstruation.* During suckling the menses are usually absent, although this is not by any means an invariable rule; as I have known a good number of mothers who have menstruated regularly after the second month, and who have suckled their children without any injury to the child's health. Authors are divided as to the influence of menstruation upon the milk, and, as a rule, we would not recommend a nurse who is liable to menstruate. The menstrual process is attended by a certain amount of waste, pain, depression, in some cases by loss of appetite, and this must react upon the milk secretion.

Diseases of the Alimentary Canal.—In a clinical lecture on this subject (Medical Gazette), Dr. William Pepper presented the following case with remarks:

"This patient, who is just thirty years of age, dated his symptoms back to the first years of the late war, when he served in the army. The troops were at that time encamped in swampy ground, and nearly all of them suffered from the effects of bad air and bad water, frequently complicated with malaria. This often brought on a chronic follicular catarrh of the small intestines, followed by an enlargement of the solitary glands and to a less extent of Peyer's patches, a thickening of the coats of the bowels, and the discharge of increased secretions. This was the usual type of camp diarrheas. The man's more recent sickness began with a violent attack of vomiting and purging, which occurred about two years ago. Ever since that time he has suffered from severe attacks of diarrhea, lasting generally from three to four days at a time and attended with a violent griping and vomiting, and sometimes as many as nine passages daily.

We meet with such cases originating from very varied causes, in some instances occurring among the young apparently from a morbid predisposition to irritation of the intestinal mucous membrane, in others evidently produced by causes connected with the occupation or habits of the individual. They are not rarely met with in women after the cessation of menstruation, where they seem to be due to irritation set up by the accumulation of matters previously regularly discharged. In those who are subject to chronic catarrh of the intestines the causes which produce such sudden attacks as those above described are often inconceivably slight, such as draughts, indiscretion in diet and clothing, anxiety, bad news, etc. The attacks generally last from one to three days and are often paroxysmal in their nature.

In the management of such cases individual symptoms must be borne in mind. The food taken should be thoroughly assimilable. Alcohol, green vegetables, fruits, and much solid meat should be refrained from. Buttermilk, beef-juice, milk with limewater, and light farinaceous foods are the safest articles of diet. The clothing should be amply sufficient, and all excessive exposure should be avoided. In the matter of medicines, the proper mode of treatment is that by alteratives and astringents. Among astringents, the best are the nitrate of silver, bismuth, the astringents salt of iron and lead. If the diarrhea be very marked opium may be joined with the astringents. I generally prescribe nitrate of silver in pill form—one third of a grain from one to two hours after meals. This treatment must be persevered in for a long time in order to effect a permanent cure.

Adenoid Vegetations in the Naso-pharyngeal Cavity, and their Inflammatory Symptoms. After observing that the careful study of the morbid conditions of the naso-pharyngeal cavity is of very recent date, Dr. Wiesener, of Bergen, describes (*Nordiskt Medicinskt Arkiv*) the hypertrophy of the adenoid substance of the mucous membrane sometimes found in this region. According to his experience, the hypertrophy manifests itself in two forms—one soft, where the tumor appears to be composed of a number of small clusters, and the other hard, presenting a slightly tubercular surface. The first form produces the largest tumors, which may fill the whole cavity, while the tumors of the second form are never so large. The affection is most commonly observed in children, and appears to be of a scrofulous nature. It is rather prevalent at Bergen, and is often accompanied by hypertrophy of the tonsils, but the climate does not seem to have any influence in the etiology. The symptoms are partly due to the obstacles presented to the passage of the air through the nose and the pharyngeal cavity, and partly to the inflammatory processes set up by this obstruction. The chief signs of the malady are that the patient keeps his mouth open, the expression of the face is vacant and rather stupid, and the voice is more or less nasal. There is a feeling of cold in the nose, and in the morning the little patients endeavor to clear their voice, and sometimes vomit in the effort to get rid of the mucus in the pharynx, and in the night they often snore very loudly. The most certain diagnosis is by physical examination, and this should always be made when a peculiar tone of speech or one of the other symptoms above mentioned causes a suspicion of the presence of adenoid vegetations. The best method of examination is by the index finger introduced behind the velum palati. The only efficient treatment of these tumors is by operation, and the catarrhal affections caused by them are best remedied by antiseptic and astringent injections through the nose.—*Med. Times and Gazette.*

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J. W. HOLLAND, A. M., M. D., ... Editor.
H. A. COTTELL, M. D., . . . Managing Editor.

QUACKERY AND THE CLERGY.

It was once our good fortune to hear a lecture on "Doubt and Doubters," by the Rev. Francis Patton, D. D., an entertaining speaker and a theologian of great acuteness and subtlety. The reverend speaker evidently regarded his hearers as adults, and gave them for mental digestion meat and not milk. He pointed his shafts of ridicule at those who attempt to grasp the sum total of human knowledge, and with force and unerring precision hurled them through the windy forms of popular unbelief, and showed the attenuated nature of the matter which had inflated pigmies of doubt to the proportions of giants of unbelief. The physician who in his own estimation has acquired the grand total of medical lore and then presumes to set himself up as a theologian, was taken to task and handled without gloves, much to the delight of the audience, the writer included.

The force of relentless fact and logic, and the eloquence and ingenuity of the speaker in its application to his argument, had the effect of convincing us more than ever that "the shoemaker should stick to his last," and that on the whole humanity would suffer no loss if we henceforth devoted our undivided attention to medicine and left the snarled skein of theology to be unraveled by those who spend their lives in the study of its intricacies. But we must all admit that a good rule should work both ways; and if the physician, who, if he be a good church-going Christian, has at the age of thirty-five listened to about three thousand lectures on theology—good, bad, and indifferent—can not be trusted to give advice to one in spiritual distress about questions of theology, how in the name of heaven does it happen that about two of every three clergymen who have perhaps never attended an orthodox medical lecture in their lives are regarded by themselves and the community as thoroughly competent to give advice, and medicine as well, to those who are in physical difficulty and distress?

The religious press is a remarkably popular advertising medium for quackery of all kinds, from the universal and infallible patent remedy to the hardly more miraculous faith cure. No proprietor of an advertised nostrum or medical mountebank feels himself secure in his appeal to suffering humanity for patronage unless he is backed by the religious community, the religious press, and the clergy. Long lists of divines, class-leaders, deacons, lay-evangelists, and perfect-holiness advocates attest the thorough reliability of the peripatetic cancer-curer and the undoubted safety and efficacy of the unknown prescription of an equally unknown and long-deceased doctor, prepared by a man of unknown character and of no commercial reputation for honesty and fair-dealing. Even in our city a clergyman in good standing, we are informed, is in addition to the duties of his spiritual ministration, encumbered with the responsibility of caring for the physical welfare of a large clientage, who trust their souls to his direction as a minister of the gospel of Christ, and also give their bodies to his charge by taking the

great Indian remedies of which he is the dispenser and general agent.

The ease and confidence with which the average clergyman makes his diagnosis of an obscure disease, and the readiness with which he prescribes an absolute specific, ought to excite the envy of the cautious and careful physician, who, with all his faculties sharpened by special study and scientific data, and strengthened by years of practice and observation, is still in doubt of the character of the lurking enemy. That we are not too severe let the experience of every physician attest.

The religious press lives largely by the revenues derived from advertising medical humbugs; the rear being brought up by the aged and retired clergyman, who, for the love of humanity, will for a stamp send the formula for a remedy composed of drugs unknown to science, and which of course can be procured only from himself at a round sum per bottle.

What wonder if our profession regard these trespassers in their special field much as a hunter would the fellow who rushes across his chase discharging loads of buckshot at random, hoping to kill the slayer of the flock which he has tracked and followed with persevering skill through weary hours.

We are glad to know many clergymen, whose opinion in their special field of study we value, who discourage this medical piracy of their less wise brethren.

Are we wholly blameworthy if we sometimes feel, when our brothers of the clergy exalt the merit of an unknown and practically untried remedy or pretender above the science and merit of our laborious and painstaking profession, that the miracle of faith or credulity which they thus exhibit may possibly be carried into religion as well, and doctrines be advocated from the Christian pulpit and believed, which add neither to the dignity of man nor to the glory of his Creator?

PROF. SKODA, of the Vienna University, died on the 13th of June.

Original.

SOME POINTS OF INTEREST IN THE DIFFERENTIAL DIAGNOSIS AND TREATMENT OF ACUTE DROPSICAL, PURULENT, RHEUMATIC, AND METASTATIC INFLAMMATIONS OF JOINTS.

BY EDW. VON DONHOFF, A.M., M.D.*

Formerly Visiting Surgeon to the City Hospital and Curator to the Pathological Museum, Louisville.

Mr. President and Gentlemen: The propriety of preparing a short paper upon this subject was suggested to me by discussions which have from time to time arisen during our conferences. I trust that some benefit may accrue to those of us who, like myself, are interested in a short, technical review of this subject.

In the following paper I shall take up, in the order of the frequency of their occurrence, the various acute inflammatory conditions of the joints mentioned in the title.

Acute dropsy of a joint is a condition entirely analogous to inflammatory processes,† marked by simple serous exudations of some other structures of the body, such as the pleura, arachnoid, peritoneum, etc. Just as we speak of pleurisy followed by sero-fibrinous exudation, and pleurisy with purulent (empyemic) accumulations, so, too, we have simple catarrhal (non-purulent) dropsy of a joint and purulent synovitis, or empyema. Of late great importance has been attached by some surgeons to distinguishing accurately as to the particular part of the joint-anatomy affected; but this is a distinction which, even if made, can not benefit us in the clinical surveillance of the case. We treat the joint as a whole, and can not do better than confine our attention to the general course of its disease and its treatment, and the constitutional condition of our patient. For practical purposes, the general clinical character must and does determine the division into varieties of this as it does that of other diseases. The morbid conditions with which simple dropsy of a joint is most likely to be confounded are *purulent* synovitis and an intermediate condition which R. Volkmann describes as *catarrhal synovitis*. As the knee-joint is the one most often affected, it does not seem out of place to describe its condition specifically as it

* Read before the Medico-Chirurgical Society of Louisville.

† Dumreicher and others question the "inflammatory character" of simple dropsies of the synovial membrane, as they do those of other serous structures.

appears when disordered by either of the three before-mentioned conditions.

The history of simple dropsy usually dates from "catching cold." The knee appears swollen and slightly reddened. Very little pain is present. Fluctuation and a movable (floating) patella are readily discoverable. The patient easily flexes and extends the limb when bidden to do so. He has no fever, and further than the *inconvenience* occasioned by a swollen joint he has no trouble. If the joint's cavity and contents could be examined, the following conditions would be found to obtain. The joint is filled with a very light straw-colored serous effusion, which contains some flocculi of coagulated fibrin, but no pus. The synovial membrane is somewhat heightened in color and spotted here and there with very thin layers of coagulated lymph.

In *purulent synovitis* the course is quite different, and is marked from its onset by great constitutional disturbance. Most frequently the condition is preceded by a severe chill, which is followed by high fever. While in the majority of instances the patient ascribes his disease to "catching cold," as was the case in simple synovitis, it is most probable that some slight wrench or injury of some sort induced the mischief. Unlike the mild suffering incident to simple dropsy, the patient with purulent synovitis endures the most excruciating pain, and is unable to straighten* the limb, which presents evidences of the most active inflammatory process. The surface of the knee is red, hot, and angry-looking; and though no fluctuation is discoverable as yet, the part is sensitive to the slightest touch. If the joint be examined in its present condition, a small quantity of pus and scarcely any serum would be found. The synovial membrane has an angry, red, puffy, and ulcerated appearance, and the cartilage has lost its pellucid look. Later on, as the anatomical changes increase in extent and severity, the joint becomes filled with thick creamy pus. *Now* fluctuation is marked.

The intermediate condition before mentioned, the description of which originates with Volkmann, partakes of the nature of both the diseases described.

In *catarrhal synovitis* we find plentiful serous exudation mixed with flakes of pus and slight ulceration of the synovia. The symptoms are not so severe as in purulent synovitis, nor yet so mild as in simple dropsy. My own experience and that of friends leads me to the conclusion that this last condition is of little less frequent occurrence than the first described; while genuine purulent synovitis is rare as compared with either, of course we are to leave out of consideration synovitis caused by trauma incident to mechanical violence. The morbid conditions described are to be distinguished from acute inflammatory rheumatic affections: First, in that the former are invariably monarticular and the latter always polyarticular (Billroth instances this point of difference as *prima facia* evidence); secondly, because of the profound constitutional disturbances always incident to acute articular rheumatism; and lastly, because of the remaining *tertiam quid* which often accompany and rarely fail to follow acute articular rheumatism—namely, organic heart- and kidney-lesions and their sequelæ. It should be mentioned also that suppuration and fluctuation* are symptoms so infrequently present in rheumatic joint-affections as to require mention only as scientific curiosities, whereas edema is present in every instance.

The treatment in the three varieties of joint-affections described is for the most part the same. Rest is essential in them all. In simple hydrops genu acutus compression with cold wet bandages will suffice as an adjunct to the indispensable rest, to bring about a cure in from eight to ten days. Purulent and catarrhal (so-called) synovitis require more active treatment. Here the local application of cold or (what I prefer) hot fomentations and that of the compound iodine ointment are indicated. Leeches in large numbers are frequently beneficial agents in the treatment. The internal administration of iodide of potassium in small doses is also practiced with more or less benefit to the patient. Since fixed dressings — paper or plaster—have come into use in these affections, I prefer them to all other methods of treatment. This commends itself so thoroughly to our reason as to leave comparatively little to wish for. It happens often enough that meddlesome surgery becomes an active instrument for the production of, if not irreparable, at least serious damage. Among the most injurious and nowadays too common practices I account that of indiscriminately aspirating or puncturing a joint. No good can be accomplished and much

*The flexed position of the limb under these circumstances is ascribed by some authorities to the presence of fluid in the joint-cavity, and by others, whose views on this subject are better supported by facts, to reflex influences.

*I have recently seen a report of a case of rheumatic arthritis, in a Swedish medical journal, in which all the joints involved suppurated. The patient died of a heart-complication.

harm may be done. If it be contended that to extract the fluid from a dropsical joint is to relieve pain or expedite a cure, it will be found comparatively easy to establish the opposing fact that often enough a simple dropsical joint-effusion, which requires little time for its cure, may be changed into a purulent synovitis. Besides there is the negative fact that dropsy is not very painful in its acute stage and the chronic condition is hardly an inconvenience. On the other hand, purulent synovitis is exceedingly painful and exhausting in its influence, and in its chronic stages is to be feared as dangerous to the limb and possibly also to the life of the patient. Conditions arise in the course of some cases (not many if properly treated) of *purulent synovitis* which require the opening of the joint-cavity, and in these nothing short of free incisions accomplish the desired end. However, this part of the subject relates to chronic states with which we have nothing to do at present.

Our next inquiry brings us to a consideration of acute rheumatic joint-inflammations. As has already been mentioned, in summing up the points of difference between this and the other affections described acute articular rheumatism always affects more than one joint at the same time. There are no exceptions to this rule. Indeed it may attack the joints of all the limbs simultaneously, showing that the general economy is primarily and profoundly affected. The joint-affection rarely comes to our notice for surgical treatment. While edema of the joints is always present in rheumatic affections, fluctuation or extensive suppuration are among the most rare of all developments; and indeed the disease of the joints is the least thing to be dreaded. It usually disappears in a few weeks with or without treatment. The cardiac, brain, kidney, or enteric lesions which often enough follow intense rheumatic affections are without the pale of surgery. In the rare instances affording an opportunity for necropsies after death from acute rheumatism, the anatomical changes in the joints-structures were found to be limited to slight ulceration and swelling of the synovial membrane—the cartilage remaining unchanged. In the joint-cavity a few drops of pus were occasionally found. The prognosis, so far as the joint-affection is concerned, is good; except in those rare instances already referred to in which extensive suppurative changes occur the joint is not impaired.

Two forms of acute articular inflammations yet remain, a short discussion of which may properly be included in this paper; I have reference to gonorrheal and pyemic arthritis.

Not long ago the existence of the first-named disease was entirely denied by some and only doubtfully admitted by others of the profession. However, time and observation have cleared away all the mist surrounding the subject, and gonorrheal arthritis occupies a place in the list of known morbid conditions. As its name implies, the disease is always associated with gonorrhea or some form of urethritis. Occasionally it is said to have originated from rough catheterization. This last-named etiology is not denied by high authority, and my own experience is in accord with this view. According to some authorities, the disease makes its appearance after the sudden suppression of the penile discharge. The cases which I have seen occurred during the flow, and in two instances where no treatment had preceded the advent of the rheumatism. In proportion to the number of cases of gonorrhea, the joint-affection is very rare. "Gonorrheal gonarthritis usually attacks both sides (knees) and is a subacute serous synovitis." With proper treatment (rest, local application of iodine, etc.) the disease soon subsides; but the joint is apt to remain irritable and the disease to return if any new cause be acquired.

Under the heading, *pyemic arthritis* puerperal arthritis may also be included. Both these conditions are due to the absorption of septic material from a locus morbi; the difference being that the latter condition only occurs in lying-in women; the first may occur in any one upon whose person a suppurating trauma exists. Abscesses occasionally appear in joints after laceration of the urethra, and these conditions are properly classed as pyemic arthritis. Both pyemic and puerperal arthritis are metastatic in their origin. The diseases may affect one or more joints.

The treatment in either condition is general and local—liberal diet and rest. The joint should not be punctured or incised except under the most pressing circumstances —"a disposition to '*break*' spontaneously." Experience teaches that abscesses (purulent accumulations) in these conditions of the joints disappear without active treatment. Patience, time, and a thoroughly expectant plan of treatment are the indispensable factors in the recovery of these cases.

LOUISVILLE.

Correspondence.

THE MARYLAND MEDICAL JOURNAL AND DR. SAYRE.

Editors Louisville Medical News:

DEAR SIRS—Our attention has just been directed for the first time to a communication of Dr. Sayre, entitled "The Danger of Using an Anesthetic while Suspending a Patient to Apply a Plaster-of-paris Jacket," by seeing a republication of it in the August number of the Virginia Medical Monthly. How we came to overlook it when originally published by you we do not know, since we always read with much care and pleasure your excellent journal as soon as received.

Dr. Sayre has fallen into some gross and almost inexplicable errors in his communication, which we can not in justice to ourselves let pass in silence. He begins by quoting a short translation headed "Fatal Result from the Application of Sayre's Jacket," which was first published in the Maryland Medical Journal of July 1st, page 117, and which was thought worthy to be transferred by you (with due acknowledgment) to the pages of your issue of July 9th. The source from whence we derived this article is given in full at its close, viz. "*Sonnenberg—Proceedings of the German Surgical Society; Deutche Med. Woch.*" Dr. Sayre then proceeds to quote from a letter from the Berlin correspondent of the New York Medical Record an account of the discussion in the German Medical Society on the treatment of spinal disease, from which discussion, as reported in the Berlin journal above named, our translation was taken. This account is nothing more than a brief *resumé*, and gives the name of only *one* of the speakers, Prof. von Langenbeck. The correspondent also quotes the report given by Prof. von Langenbeck of a fatal case of application of Sayre's jacket in which chloroform was used. Dr. Sayre then goes on to say that he had seen accounts of this same case in the International Medical Journal and in several other journals, and he "therefore *takes it for granted* they all refer to this one case of Prof. von Langenbeck's," and "*you* have therefore no right to head your article, 'Fatal Results from the Application of Sayre's Jacket.'"

Now Dr. Sayre should have known that the case referred to in our translation was not Prof. von Langenbeck's—first, because there is no mention made of chloroform being given; second, because the child would not have been "restless" had he been under the influence of an anesthetic; third, because there was no "partial restoration of breathing"; fourth, because death took place in one hour and a half and not in one hour; fifth, because there was no "pressure on the trachea of escaping pus to account for the death"—"the trachea," upon the contrary, "being free down to its bifurcation," and the cause of death not apparent; sixth, because the name of Sonnenberg is given as the reporter of the case, and not Von Langenbeck.

Prof. Sayre could surely hardly have imagined that we would take the liberty, upon our own whim and caprice, of making such wholesale changes in copying an article as he here implies. Such a violation of truth and accuracy should not be imputed to any one without absolute proof.

But it would have been a very easy thing for him to have informed himself upon this subject, since the original journal is doubtless accessible in the New York Academy of Medicine Library (as it is in our Baltimore Medical Library); and even if he were unable to read the account in the German, he could readily have secured aid from those who were so able.

Our little translation did not pretend to be a complete report of all that Sonnenberg is credited with having said in regard to his case upon the occasion; but it did and does claim to be a faithful and conscientiously-made abstract; and even in the matter of heading, to which Dr. Sayre takes such exception, we have taken no liberties, the original reading, *Herr Sonnenberg (Berlin) berichtet von einem Unglücksfall bei einem Sayre'schen Verbande*—language probably used by Sonnenberg himself, if not by the reporter of the meeting (Paully).

We must confess our surprise that Dr. Sayre should address his censure and complaint to you when perfectly aware that the article originated with us.

In conclusion, we must apologize for occupying so much of your valuable space. Our excuse is that the censure and the discredit falls upon our journal and not upon yours, and that a charge like this involving the truthfulness and accuracy of a public journalist is no light thing.

Very respectfully your obedient servants,

THE EDITORS OF THE MARYLAND MEDICAL JOURNAL.

P. S.—We have found, since writing the above, a pretty full translation of the pro-

ceedings of the society of German surgeons in the last number of the London Medical Record (July 15th), to which we refer Dr. Sayre. EDS. MD. MED. JOUR.

MATERNAL IMPRESSIONS.

Editors Louisville Medical News:

The following case, as reported by Dr. G. W. Duncan, will prove interesting to many of your readers, especially to those who are fond of tracing up wonderful psychological phenomena. The doctor kindly invited me to see the patient with him, but when I reported for the visit I found that it had been buried the evening before, having died at twelve hours after its birth. I, however, received the history of the case from the family as substantially reported by the attending physician, Dr. D., and can vouch for its correctness. J. B. GARDNER, M.D.

FRANKLIN, KY.

Was called to attend Katy Randolph, W. C., in her first confinement. Found her in good health, stout and vigorous, aged twenty-three years. The presentation was normal and pains had been complained of for four or five hours. The bowels being constipated, she was directed to take castor oil. As there was no indication of early delivery, I left, to return when notified that my services should be required.

I visited her eight hours afterward and found the os dilated to the size of a silver dollar, tense and thin. At this time her mind was wandering. She was impressed with the idea that some one had spilt hot coffee over her bowels, and asked me to dress the scald. I assured her that nothing of the kind had occurred; but she persisted in the hallucination, declaring that she would be burned to death if I did not protect her. This state of mind had existed for six hours before my second visit, at which time I found her pulse full and vigorous, and the pains severe and continuous. I bled her to the amount of twenty ounces, and gave her a dose of morphine hypodermically. Two hours afterward she was delivered of a well-developed female child. The placenta soon followed, the hallucinations disappeared, and all went well with her.

While the child was being dressed I discovered an unusual appearance of its hands and feet. On inspection the hands to the elbow and its feet to the knees presented the appearance of a burn, blistered in every portion except where the skin was denuded by handling, or where, in the act of birth, it may have been peeled off. This condition of the child, coupled with the mother's persistent idea that she was burned, excited my curiosity, and on investigation I learned the following:

Three weeks before this time she was scalded by hot coffee upon her hands, forearms, and feet by the overturning of a coffee-pot upon a hot stove. The burn, however, which was superficial, was soon recovered from, and she had well-nigh forgotten the incident; yet I found the child with all the appearances of a burn, which, I was told by the family, was in every respect like that sustained by the mother three weeks before its birth. Explain this, who will.

Clinical Lectures.

SOME DISEASES OF THE NEWLY-BORN.

BY WM. T. PLANT, M.D.

Professor of Diseases of Children in Syracuse University, Syracuse, N. Y.

[Original.]

UMBILICAL HEMORRHAGE.

Gentlemen: Besides umbilical inflammation in the young infant, of which we spoke the other day, another danger is sometimes encountered at the same point—viz. hemorrhage. I do not mean the bleeding that may take place from the end of the stump soon after the cord has been tied; that is a preventable accident which need never occur to you if you remember your instruction upon this point; but the hemorrhage of which we speak now is independent of the ligature, and usually occurs at the point where the stump separates from the body. Statistics show that in a large proportion of cases the hemorrhage occurs between the fourth and fifteenth days; that is, between the beginning of ulceration and complete cicatrization at the navel. In a few instances only has it begun directly after birth.

I shall now consider the causes of this hemorrhage. Ordinarily, after the cord is tied, the umbilical vessels become securely plugged by firm coagula. Whatever interferes with this process, by lessening the coagulability of the blood, favors hemorrhage. Foremost among the causes we may reckon a hemorrhagic diathesis, an inherent tendency of the blood peculiar to the individual to remain fluid under circumstances which usually promote coagulation. So strong is this disposition to hemorrhage in some families that many times more than one child of the same parents has perished from this cause. Authors say that if a little of the blood is collected as it oozes from the navel, it will be found to resist coagulation for a long time, and that the clot when formed is without firmness or cohesion.

Certain diseases affect the blood in the same way. Syphilis notably does it. There would seem also to be some obscure connection between umbilical hemorrhage and derangement of the biliary function, for in more than half the cases jaundice is coincident with the bleeding and often precedes it.

Umbilical inflammation may also lead to hemorrhage through ulcerative or gangrenous destruction of tissue.

Symptoms and Course. Unexpected bleeding, especially in an infant, is alarming. You are summoned then in some haste, and the nurse points you to a blood-stain on the child's clothing. The band being removed and the part cleansed, you may see the blood oozing from the umbilicus. It is not a rapid flow, and it would seem an easy matter to stanch it. Naturally astringents occur to you, and you apply some lint soaked in a solution of persulphate of iron, say one part to six or eight. Over this you lay a compress, and instruct the nurse to keep it in place by a well-applied binder. You then repair to your dwelling happy in the consciousness that you have saved a life.

For an hour, or perhaps for a day or two, your self-gratulation receives no check; but you are nearly certain to be summoned again, to find the blood escaping beneath and around the dressing you have

applied. You determine upon another styptic, and select tannin or alum, but with no better result. So other astringents and combinations of astringents are tried, with firm pressure by compress and bandage, often indeed to no purpose, for success with these agents is the exception rather than the rule.

By this time the infant is plainly suffering from loss of blood. It is pale, if not jaundiced; its cry has dwindled to a plaintive whimper; it is almost too weak to nurse. Perhaps a crop of petechiæ scattered over the body show how strong is the disposition to hemorrhage.

Having failed with styptics, you conclude to resort to the ligature. The pedicle being too short to hold the cord, you transfix the integuments crosswise with two needles, and twist the string around them after the form of the figure 8. This done you again feel, if you are without previous experience in this matter, that you are master of the situation; but you are uncommonly fortunate if you do not find within a few hours that the leakage continues in spite of the ligature, even escaping, it may be, from the orifices that the needles have made.

So after efforts oft-repeated, and failures no less often, the infant probably dies, perhaps in one day, perhaps in two or three weeks, the average duration being three to four days. Remember, however, that while the prognosis is in the main unfavorable, a certain small proportion of cases do yield to the above measures.

Fortunately this hemorrhage is a very rare accident. Vogel states that it occurs to but one baby in ten thousand. I happen to have met with two instances, both of which were fatal after a few days.

A case has been reported by Thomas Hill, and is referred to in several works upon children, in which a cure was effected by filling the umbilical depression with liquid plaster of Paris. The fissures that formed as the plaster set were filled with the liquid until the navel was covered with an impervious coating. This is a painless application and easily made. If I should encounter another case I would adopt this method at once, hoping for better success than has usually attended the employment of styptics and transfixion.

I had almost forgotten to say that when jaundice is a prominent symptom, especially when it has preceded the bleeding, I should have some faith in the administration of a cholagogue, such as hydrargyrum cum creta or the mild chloride of mercury.

Formulary.

SPASMODIC DYSMENORRHEA.

Powdered valerian.....	℥ iij;	12.00 Gm.;
Laudanum.....	♏ x;	0.62 fl.Gm.;
Warm water.....	℥ viij;	240.00 "

M. Sig. As a rectal enema in conjunction with baths and antispasmodics.—*Prof. J. B. Fonnsgrives, of Paris; Medical Gazette.*

MEMBRANOUS DYSMENORRHEA.

℞ Chloral hydratis..... } Potass. bromidi..... }	āā ℥ ij;	8.00 Gm.;
Morphiæ sulphat.....	gr. jss;	0.09 "
Syrupi aurantii corticis,	℥ iij;	93.00 fl.Gm.;

Sig. A dessertspoonful in a wineglassful of water every four hours while in pain.—*Dr. T. G. Thomas.*

CHLORAL HYDRATE AND GLYCERIN IN DIPHTHERIA.

Koen (New York Med. Record) recommends the following as a local application to the throat in diphtheria, and claims to have used it with gratifying results for the past fifteen years:

℞ Chloral hydrat.....	℥ iv;	15.55 Gm.;
Glycerin.....	fl.℥ xiij;	50.54 fl.Gm.

M. ft. sol. Sig. Apply locally every two hours with a soft camel's-hair brush.

NOCTURNAL INCONTINENCE OF CHILDREN.

Prof. S. D. Gross, of Philadelphia, advises the following:

℞ Strychniæ.....	gr. j;	0.06 Gm.;
Pulv. cantharides.....	gr. ij;	0.12 "
Morph. sulph.....	gr. jss;	0.09 "
Ferri pulv.....	℈ j;	1.30 "

Mix. Make forty or fifty pills or powders, *pro re nata*. Sig. One three times a day to a child ten years of age.

This prescription will speedily relieve the irritability of the bladder, especially if conjoined with such means as a cold shower-bath daily, the avoidance of irritant food and late suppers, the patient lying upon the side or belly, and taking care to drink nothing for the few hours preceding sleep, and to empty the bladder on going to bed.—*Mich. Med. News.*

IN ACUTE SHOCK OR SYNCOPE.

℞ Am. carbonat.....	gr. v;	0.30 Gm.;
Sp. chloroformi.....	℥ ss;	2.00 fl.Gm.;
Aquæ, ad.....	℥ j;	30.00 "

Sig. At a draught.—*Fothergill.*

PROFUSE DIARRHEA.

℞ Am. carbonat.....	gr. v;	0.30 Gm.;
Tinct. opii.....	♏ x;	0.62 fl.Gm.;
Inf. hæmatoxyli.....	℥ j;	30.00 "

Sig. This amount every three or four hours.—*Fothergill.*

APOMORPHIA AS AN EXPECTORANT.

Beck (*Deutsche Med. Woch.;* Chicago Med. Review) claims that apomorphia is more useful than ipecac, antimony, or the ammonia salts in the treatment of primary or secondary bronchial catarrh. It is particularly indicated in the first stage of the disease, when there is a dry cough with sonoro-sibilant râles. In broncho-pneumonia of infants it is of value during the stage of resolution. Beck employs the following formula:

℞ Apomorph. chlorhyd't...	gr. j;	0.06 Gm.;
Acid. hydrochlor. dil...	♏ xx;	1.23 fl.Gm.;
Syrup.....	fl.℥ j;	30.00 "
Aquæ dest.....	fl.℥ iv;	123.00 "

M. Of this a teaspoonful may be given every hour to children between three and ten; to adults, a tablespoonful.

ACCORDING to a paper read by Prof. J. P. Remington at a meeting of the Pennsylvania Pharmaceutical Association, druggists' apprentices could be bought and sold like other chattles, in Philadelphia, a hundred years ago.

Pharmaceutical.

A New Antiseptic.—Dr. C. F. Keugzett (London Lancet) has found that by forcing air through oil of turpentine during a period of from one to two hundred hours, he is able to obtain a product possessing remarkable antiseptic qualities. So treated, the turpentine loses its volatility; and although still insoluble in water, it forms when brought in contact with moisture certain strongly antiseptic principles.

Jaborine.—Under this name Harnack and Meyer (*Jour. de Phar. et Chem.;* The Druggist) describe a second alkaloid of jaborandi found in the mother liquid left after the isolation of pilocarpin. The substance obtained through the method employed by these investigators is colorless and amorphous. Since jaborine can be produced by the simple concentration of an acid solution of pilocarpin, some doubt exists as to whether it be not an artefact.

The Two Hellebores.—Pecholir and Redier have recently (*Jour. de Med. de Bordeaux*) investigated the properties of veratrum album and black hellebore. The first is an emeto-cathartic, contra-stimulant and sedative to the sensibility; the second is an excitant, and a very dangerous poison of rapid action. The confusion of these two drugs by various experimental investigators has led at times to terrible accidents—which explains the general disesteem in which hellebore is held. The veratrum album has, however, been but exceptionally used in medicine.—*Druggist.*

Musk from Muskrats.—A writer in the American Journal of Pharmacy says that numerous itinerant colored merchants, who hail from New Jersey, offer muskrat musk for sale in the form of pods at ten to fifteen cents a pair. Cut up into small pieces and allowed to macerate in alcohol, with the addition of slaked lime these pods produce a very fragrant tincture, which will be found at least three times as strong as the tincture or extract of musk generally employed. The writer finds that it does good service in the making of delicately-flavored perfumes. He asks for reports relative to its internal use. If this new musk be found to possess the antispasmodic properties of the old article, its cheapness will do much to make it a popular medicine.

Miscellany.

Surprising Surgery.—Those who are interested in the advance of operative surgery will not fail to be struck by some of the recommendations of the German surgeons. During the proceedings of a congress held in April last, Dr. Zeller, of Berlin, suggested that as a prophylactic measure in operations about the mouth and throat the trachea should be divided near the third and fourth rings. The lower end should be fastened at one corner of the transverse incision in the skin, the upper end at the other corner, so that the discharges from the operation-wound may be prevented from obtaining access to the lungs. After the operation the two ends of the divided trachea may be brought together again. That this operation would be attended with danger to the patient probably few persons would be prepared to deny—perhaps with a danger as great or greater than that it is intended to guard against, and we must congratulate Dr. Zeller's dogs on having so well recovered from it. But in ingenuity of suggestion and in boldness of performance, this operation of Dr. Zeller's can not compare with that of Dr. Gluck, of Berlin, for this gentleman hopes that sooner or later the complete removal of the bladder and prostate, which he has carried out successfully on dogs, may be introduced into surgery. It may, says Dr. Gluck, be performed on men without opening the peritoneum, and the ureters should be fastened to the wound of the abdominal wall; for in dogs the sewing of them into the rectum has not well been borne, and the attachment of them to the cut urethra can scarcely be recommended. We shall watch with interest for Dr. Gluck's account of the first operation of this kind performed upon the human subject. We fear that not many even of our most brilliant surgeons will care much to perform it, and not many patients will care to submit to it when the most favorable result which can be hoped for has been explained to them.—*Beilage zum Centralblatt für Chirurgie; Lond. Practitioner.*

Chrisma as a Parasiticide.—Dr. Albert Crane, Edin. (London Lancet) speaks in the highest terms of the value of this derivative from petroleum as a parasiticide. He has given it full trial in four cases of scabies, two of phtheiriasis, and one of tinea tonsurans, obtaining most satisfactory results. He prescribes it in a quantity of about two

ounces, and directs it to be rubbed well over the part affected at night and washed off (tinea tonsurans excepted) the next morning. In the cases of scabies a moderate use of the ointment was sufficient for a cure; in phtheiriasis the lice succumbed to a single application; while the tinea, which had resisted treatment by other means for eighteen months, was completely cured in six weeks' time. Dr. Crane says that this remedy is non-poisonous, a quality that at once gives it a rank above all other parasiticides, for it may be rubbed over the whole body freely without doing any harm. Lastly, it is cheap. Dr. C. believes that it will do a great work in staying the spread of tinea, which just now is largely on the increase in the schools of England.

Advance in Therapeutics in 1880.—New remedies many, a few good, many bad, most indifferent. Tonga valuable in facial neuralgia; sulphide of calcium in suppuration—its action marked and reliable, grain doses now admitted; the nitrites of potassium and sodium have the action of amyl nitrite, but milder; ergot (again?) found useful in diabetes; pilocarpin useless in hydrophobia, which still defies all treatment; this last drug, tried in many directions, gave meager results; benzoate of sodium commended in scarlet fever and gonorrheal ophthalmia; salicylate of sodium, according to Dr. Greenhow, mitigates but little the complications of rheumatic fever, while it may be a positive injury to the heart; salicin is inefficacious, while salicylate of quinia is highly praised by Dr. Hewan; the value of cold baths in typhoid fever has become more than doubtful.—*Chicago Medical Journal and Examiner.*

Lemon-juice in Diphtheria.—Dr. Stewart, before the Baltimore Academy of Medicine (Maryland Med. Journal), called attention to lemon-juice as a local remedy in recent cases of diphtheria. He applies the juice by means of a muslin mop. It removes the membrane better than any thing he has ever employed. The application should be continued as long as any membrane remains. But three or four applications will in most cases be found sufficient. He has not tried it in any malignant case.

Mania has been caused by the use of bromides for epilepsy, according to the testimony of leading members of the American Neurological Association.

Action of Salicylated Camphor.—M. Lajoux, of Rheims, has devoted himself to the investigation of a remedy which should have the double property of acting upon those albuminous bodies which assume the part of ferments as well as upon the lower organisms. He has found what he sought in a combination of salicylic acid with camphor, to which his co-worker, Grandal, has given the name of salicylated camphor. MM. Henrot and Luton have used this substance with good results in the Hôtel-Dieu. It assumes the form of an unguent, and is of the greatest service in obstinate phagedenic ulcers such as those of lupus and syphilis; and to such an extent is this the case that the sores exhibit signs of improvement after the third day. After six weeks' use of this remedy, combined with an appropriate internal treatment, syphilitic ulcers which have resisted all other treatment were finally cicatrized. M. Henrot also states that salicylated camphor is of great use in the treatment of certain forms of epithelioma, and among others, especially of those which occur on the neck of the womb. He also believes that the same remedy may be used with advantage in the earlier stages of simple ulceration of this organ.—*Lyon Méd.; Lond. Practitioner.*

Analogy between Asthma and Hysteria.—Dr. Yeo, at the close of his paper on Asthma (Lond. Pract., July), traces an analogy between the great distention of the lung observed in many cases of asthma, and the remarkable and hitherto unexplained tympanitic distention of the intestines often encountered in cases of hysteria. This condition sometimes arises as suddenly as the asthmatic paroxysm, and seems to be entirely neurotic in its origin. Through this analogy Dr. Yeo believes that he has found one more point of evidence in support of the neurotic view of the nature of asthma.

Orthonitrophenylchlorolactic, Dibromonitrocinnamic, and Orthonitrophenylpropiolic, are a few of the epithets indulged in by the American Journal of Pharmacy for August. The A. J. P. will have to stop this or increase the breadth of its pages.

Mr. Lawson Tait, of Birmingham, Eng., has performed hepatotomy three times lately with perfect success. There was no adhesion of the liver to the walls in two of the cases, and the wounds were stitched together.—*Va. Med. Monthly.*

Selections.

Abscess of the Mastoid Cells from the Use of the Nasal Douche.—Read before the Ontario Medical Association by A. M. Rosebrugh, M.D., Surgeon to the Toronto Eye and Ear Dispensary (Canada Lancet):

(The patient was introduced, and an opening in the left mastoid bone was seen to communicate with the mastoid cells. Inflations of the eustachian tube caused a suppurative discharge to make its appearance at the opening.)

The history of this case is briefly as follows: Edward K., aged nineteen, has had chronic nasopharyngeal catarrh for four years. Two years ago he was advised by his physician to use the nasal douche. Since then he has used it occasionally—using about a teaspoonful of table-salt to a pint of warm water. On the 21st of May last, while using the douch, he felt the solution enter his left ear. On the 22d he felt very weak, but he had no pain. On the 23d pain commenced in the left ear, and on the 25th spontaneous perforation of the drum membrane occurred, with copious discharge of a dark sticky fluid from the middle ear. The pain continued, however, notwithstanding a copious discharge, and extended over that side of the head, which was not relieved by leeching and hot fomentations. There was also vertigo and pain down the back and lower limbs. On the 28th there was some edema of the lining of the external auditory canal, and on the 30th slight tenderness over the mastoid bone. An operation was then decided upon, and on the evening of the same day, or nine days after the accident, he was placed under chloroform, a free vertical incision made about half an inch behind the auditory canal, and an opening about one sixth of an inch in diameter was made through the bone into the antrum by means of a drill. This gave exit to a large quantity of purulent fluid, and gave the patient immediate relief. This is the tenth day after the operation, and the case, as you see, is now doing well.

The nasal douche, as you are aware, is very extensively used in the treatment of nasal catarrh, and I introduce this case for the purpose of calling attention to the need of greater care in its use. It is true that very few cases of abscess of the mastoid cells from the use of the nasal douche have been reported, but cases of suppurative inflammation of the middle ear from this cause are not uncommon. When a fluid under pressure enters one nostril, the soft palate is elevated by reflex action, and if there is no obstruction the fluid passes out of the opposite nostril. If the pressure is slight, there is very little danger to be apprehended; but if the hydrostatic pressure is considerable, as is the case when the reservoir containing the solution is higher than the head, and if there is also some obstruction to the free exit of the fluid, there is great danger of the solution passing up the eustachian tube into the ear, and perhaps also, as in this case, through the antrum into the mastoid cells.

Let me emphasize the precaution that when the nasal douche is used, first, the forehead should not be inclined forward; second, the bottom of the reservoir should not be higher than the eyebrows; third, the orifice of the nose-piece should not be large; and fourth, special care should be taken to see that no obstruction exists in either nostril.

The Pathology of Psoriasis—Dr. Geo. Thin, in a paper on this subject (British Medical Journal), describes the naked-eye appearance of a patch of psoriasis. White masses of epidermic scales cover a reddish vascular base, and if the scales be removed by the finger-nails blood oozes from the vascular surface. This proves increased vascularity of the papillary layer of the skin, a morbid formation of epidermis over the papillæ, and also that the healthy rete mucosum is deficient, for when healthy that membrane protects the vessels of the papillary layer from such slight injury as suffices to cause bleeding from a patch of psoriasis. Dr. Thin describes at length the microscopical appearances seen in sections of a patch of psoriasis, and gives reasons for believing that the morbid changes in the epithelium cause the inflammatory condition beneath it. Shortly expressed, histological analysis has carried us thus far. A diseased condition of the epidermis at certain localized points leads to inflammatory changes in the subjacent vessels. The serous effusion which takes place from the injured vessels breaks down the diseased epithelium and leads to the formation of a papilla. At the same time, while the apex of a papilla is being thus excavated a new formation of epithelium takes place at the side of the new papilla, and by growing downward the papilla becomes longer. The exudation from the vessels favors a rapid formation of cells in the rete mucosum; but these cells, from a defect the nature of which is not understood, do not go through the normal changes by which the horny layer is formed, but are thrown off while the transformation is incomplete. In persons subject to psoriasis very slight injury to the epidermis, from a scratch, etc., sets up the specific morbid action and produces a patch. Unlike certain other diseases, the inflammation caused by the presence of the morbid epithelium is not sufficiently intense to destroy the morbid influence and thus effect a cure; but inflammation can be artificially raised to an intensity great enough to destroy that specific morbid condition. This is the signification of the cures effected by Goa-powder, tar, etc., but for the desired purpose Dr. Thin prefers pyrogallic acid.

Placenta Previa Complicated by Myoma.—At the meeting of the London Obstetrical Society on June 1st Dr. Hickinbotham related a case of placenta previa, complicated by a large myoma. The patient was a delicate primipara of small stature at full term. She had previously aborted. She had been in labor six hours and had lost much blood. The os was dilatable, large enough to admit two fingers. The placenta presented completely; no edge could be felt, and through its center, which seemed to be the thinnest part, a rounded mass was detected supposed to be the fetal head. The author decided to break through the center of the placenta with a view of turning. Having torn through it he discovered that the round mass was a large tumor, upon which the placenta was attached. The delivery of the placenta was therefore completed, after which the hemorrhage greatly abated. Version was performed, the after-coming head perforated, extraction effected with the aid of the crotchet. A terrible attack of septicemia followed, and for a fortnight Mr. Hickinbotham almost despaired of the patient's life. The tumor sloughed, and became protruded through the os. On the tenth day a softened and fetid portion was extracted and the remainder painted with pure carbolic acid. In three months the uterus was

freely movable, and its cavity of normal length, but the patient had not again menstruated after eleven months. If the placenta had not been previa the author would have preferred cesarean section. Dr. Barnes said that no general rule could be laid down for labor complicated by fibroid tumors. Sometimes necrosis occurred when the tumors did not obstruct delivery, and the cases might do well. Sometimes the tumor might be pushed out of the way and delivery effected by craniotomy or turning, or enucleation might be available. In extreme cases cesarean section might be necessary, and in such cases it should be considered whether Porro's method of removing the uterus and ovaries would not be best. Dr. Hickinbotham said that the size and wide base of the tumor precluded enucleation. He did not agree with Dr. Barnes as to the advisability of removing the uterus, considering that the results of the operation had been very unsatisfactory, but he thought it would be sufficient to remove the ovaries and fallopian tubes in performing cesarean section.—*London Lancet.*

Out-patient Treatment of Rickety Tibiæ.—Dr. T. F. Chavasse, of Birmingham, finding that osteotomy can be safely performed under antiseptic precautions for the relief of rickety curves in long bones has successfully operated for deformity of the tibia on twelve children, all under five years of age (British Medical Journal). In these cases the curves were mostly lateral and in none was it necessary to remove a ridge of bone to bring the leg into a straight position. After cutting down upon the concavity of the curve of the tibia, along the inner edge of that bone, the chisel is employed to cut from within outward until the tibia is so far divided that the fracture may be completed with the hands. The fibula breaks close to the fracture of the tibia. Antiseptic dressing is then applied and suitable splints secured by a plaster-of-Paris bandage; the patient is then sent home. At the end of six weeks—the plaster bandage being removed about the fifteenth day—the splints are taken off and the child is able to run about.

Volkman's Operation for Hydrocele.—Wm. Gardner reports three successful cases in which he performed this operation for radical cure. Operating under carbolic spray, he made an incision the whole length of the scrotum through all the tissues to the tunica vaginalis, which he then opened and divided to the same extent with probe-pointed scissors. The tunica vaginalis was then stitched to the skin by several points of interrupted suture, and after the insertion of a drainage-tube at the lower angle the whole was brought together with deep wire sutures. Antiseptic dressings were applied, and in a few days the wounds were healed.

He says that the advantages of the operation are: "1. The absolute certainty of cure within a fortnight if antiseptic precautions are observed. 2. The smallness of the risk, as evidenced by Volkmann's list of seventy cases without a death. 3. The simplicity of the operation. 4. So far as at present known, the operation is never followed by orchitis, as has been the case with the injection treatment. 5. This advantage has been pointed out by Mr. MacCormack in the following words: 'That a diagnosis in doubtful cases is hereby made easy, and a tumor of the testicle, of which the hydrocele is a symptom, may be thus examined, and perhaps in some cases treated by immediate removal, or in others by incision."—*Australian Med. Journal; Canada Lancet.*

Epidemic Rotheln.—Dr. C. W. Early, of Chicago, read a paper, and Dr. Roswell Park made a report, before the Illinois State Medical Society, May, 1881, on this disease, and the New York Med. Record gives the following synopsis of their remarks:

Rötheln had existed in the State of Illinois and the neighboring States, but prevailed especially in Chicago during the past spring. He described the disease as it came under his observation in over one hundred cases. It was contagious—as much so with adults who never had the disease as with children—and developed after an incubation of seventeen days. A mild coryza, suffusion of the eyes, enlargement of the glands of the neck, a slight fever, and a characteristic eruption were invariable symptoms. Prodromal symptoms were not apparent. The temperature remained normal in most cases. Pneumonia complicated a few cases, rheumatism one or two. Urticaria sometimes appeared and malarial troubles were liable to be present with it in the Northwest. Rotheln generally disappeared without desquamation. Hardly any treatment was necessary.

Dr. Roswell Park reported a hundred cases of the same disease (rotheln) in the orphan asylum. Bronchial complications had been a prominent feature in these. The eruption had a tendency to become confluent in some cases. Mild pharyngitis and laryngitis were present in twenty cases. Sometimes the eruption was discovered on the mucous membrane of the pharynx first. Four cases had severe pneumonia. All recovered under appropriate treatment.

Transfusion in Profuse Menorrhagia.—Mr. T. Whiteside Hime has performed this operation with success in a sterile woman, aged thirty-five (British Medical Journal). Menorrhagia had existed for five years, commencing from fatigue and severe shock during a catamenial period. The anemia was very marked. The cervix uteri was conical, the os narrow, it was incised and the uterine cavity painted with a strong solution of perchloride of iron, but with little good effect. Mr. Hime drew six ounces of blood from the patient's husband, and, using a special transfuser, introduced the blood through the patient's medio-cephalic vein. During the process her breathing stopped. A dram of ether was immediately injected subcutaneously and artificial respiration employed. She rallied, and the transfusion was completed. This was done in November, 1878; since then menstruation has never been excessive. The transfusion was indirect, the blood being first whipped and defibrinated in a warm vessel, then strained into the apparatus, which is double-chambered, that the blood may be surrounded by hot water. The blood runs, by gravitation, out of the apparatus into the vein through an elastic tube. The apparatus is very cheap and can not easily get out of order.

Treatment of Floating Bodies in the Knee-joint.—M. Gayot (candidate) read a memoir on this subject before the Paris Academy of Medicine. The author arrived at the following conclusions: 1. The extraction of foreign bodies from articular cavities is possible without very much risk; still he does not think it a justifiable treatment unless the function of the joint is interfered with and palliative means are ineffectual. 2. The open method of extraction he prefers to the subcutaneous, for the reason that it is in his opinion more easy, certain, and far less dangerous in its after consequences.—*Le Progrès Médical; Virginia Med. Monthly.*

Treatment of Abscess of the Liver.—The following summary, taken from Annals of Anatomy and Surgery, represents the results of Dr. Randolph Winslow's investigations in regard to the surgical treatment of abscess of the liver.

1. The liver should always be aspirated in a case of suspected abscess, in order to verify the diagnosis.

2. Many small and a few large abscesses have been cured by one or more aspirations; hence this method should always be employed at the first exploration, and we should then wait until it refills. If the pus collects slowly and in small amounts, it may again be aspirated; if quickly and in large quantities, aspiration is not to be relied upon.

3. Incisions should be made into the abscess-cavity at most prominent portion of the tumor, whether in an intercostal space or not; and irrespective of the presence or absence of adhesions.

4. Rigid antiseptic precautions add much to the safety and certainty of a successful result.

5. When Listerism is impracticable, good results will generally be obtained by simple incision or puncture by a trocar and canula, followed by the introduction of a drainage tube, and the daily use of carbolized injections.

6. Any of these methods are preferable to leaving the case to nature.

Ocular Symptoms in Different Diseases.—Dr. Gorecki, as quoted in the Glasgow Medical Journal, has tabulated his views as follows:

Blepharoptosis, or the falling of the upper eyelid, indicates paralysis, complete or incomplete, of the third pair of nerves.

Lagophthalmos, or inability to close completely the palpebral fissure, is a sign of facial hemiplegia, idiopathic, or a symptom of cerebral disease.

Strabismus, occurring suddenly and accompanied by diplopia, is most frequently the result of some cerebral affection.

Xanthelasma (a yellow lamina sometimes met with in the skin) of the eye-lids occurs in certain alterations of the skin.

Subconjunctival ecchymoses are frequent in hooping-cough, and may sometimes, at the beginning of the complaint, clear up a difficult diagnosis.

Redness of the conjunctiva, watering of the eye, etc., indicate in the child the outbreak of some eruptive fever, particularly measles. The prognosis is favorable if the tears come when the child cries, but fatal if the secretion of the tears is arrested.

Spots on the cornea are often the indication of a strumous constitution.

Dilatation of the pupil, or mydriasis, indicates excessive fatigue, the existence of intestinal worms, meningitis in the second stage or a true amaurosis. The dilatation is most frequently connected with atrophy of the optic nerve. It is seen also during an attack of epilepsy, on coming out of chloroform, after belladonna poisoning, etc.

Unequal dilatation of the two pupils points to the onset of general progressive paralysis.

Contraction of the pupil is one of the early symptoms of tabes dorsalis. It is met with also at the beginning of meningitis, in opium-poisoning, and in chloral-poisoning.

Deformation of the pupil, particularly after the injection of atropine, indicates an old iritis, in nine cases out of ten, of syphilitic origin, if not depending on some disease of the neighboring parts.

Cataract in subjects, say under forty or fifty, is often of diabetic origin and constitutes soft cataract.

Finally, the ophthalmoscope enables us to recognize the retinitis associated with Bright's disease. Retinal hemorrhages, edema of the retina, and embolism of its central artery are sometimes met with in organic affections of the heart. Optic neuritis and perineuritis and atrophy of the disk are symptoms of syphilis or of tumors in the neighborhood of the cerebellum or the corpora quadrigemina.—*New York Med. Record.*

Expression of the Fetus.—Henry Gibbons, M.D., makes a report on Obstetrics for 1880 (Pacific Med. and Surg. Jour.), from which we quote the following:

Mention is made of the method of expression of the fetus in vogue among the Japanese, Siamese, Digger Indians, Mexican Indians, Kalmucks, etc., and lately advocated by Prof. Bidder, of St. Petersburg, who reports eighty-one cases in which the results were more favorable than in forceps cases. This summary will not permit of a consideration of the various procedures fully described in the paper, which will amply repay the student's careful study.

While upon this subject may be mentioned Dr. J. W. Singleton's (St. Louis Med. and Surg. Journal) strong advocacy of the prenatal abdominal bandage, applied simply and equally from ensiform cartilage to symphisis pubis. He insists that it gives solid aid and comfort to the woman, and support to the intestines and uterus, especially in ante-flexion of the latter. An experience of twenty-five years confirms him in the value of this procedure.

Hour-glass Contraction.—Several cases of hour-glass contraction, so-called, were reported during the year to the New York and Philadelphia Obstetrical societies. The drift of opinion seemed to favor the view that such cases are due to spasmodic contraction of the internal os. Any one who has attempted to remove the placenta or membrane lodged in the cervix in an abortion will appreciate this explanation of hour glass contraction.

Dr. A. C. Fosdick (Obstetrical Gazette, September, 1880), mentions a curious instance of the conditions occurring prior to delivery. A multipara in labor for some time, the membranes having ruptured, was examined digitally. A smooth, tolerably solid, round substance, three inches in diameter, filled the vagina and pressed the perineum. The external os was fully dilated. Carrying the hand along a funnel above the brim of the pelvis a ring two inches in diameter was reached, above which was the presenting head, the rounded body in front being a fibroid tumor attached to the head, and weighing three pounds. The ring was too firm to be dilated until nausea was induced by ipecac.—*Ibid.*

Menstruation During Pregnancy.—The possibility of true menstruation occurring during gestation is considered doubtful by Levy, of Munich, who found in a number of cases examined that pathological conditions existed, such as ulceration, laceration of os, syphilitic ulcers, and varicose degeneration of the vessels of the cervix. The cases reported are too few to settle this important point; the possibility of super-fecundation (Leishman), being accepted by most writers, whence ovulation and its sign, menstruation, are also possible.—*Ibid.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

THE CLIMATE-CURE.

The last remedial agent which a doctor adds to his repertory is usually the climatic one. In the first place, the text-books advised in college-circulars are as scant of comment on the subject as the professors' lectures. Who should treat of it? The chair of physiology has much to say of the atmosphere and its natural impurities. Although of recognized value in the cure of many ailments, teachers of therapeutics generally pass it by, perhaps in despair of explaining its effects and classifying them with regard to particular diseases. Professors of practice of medicine speak of it cursorily under different headings, mentioning "a suitable climate" as one among the remedies advised, without defining "suitable." However the responsibility is shifted, it rests at some one's door that graduates of medicine know so little of the efficacy of the localities whose meteorological condition is adapted to relieve particular unhealthy states of the body.

In the second place, the drift of systematic medicine is toward an exaggerated estimate of the value of pills and potions, to the neglect of the less explicable powers of the air. Hence it is that not till many disappointments have shaken his confidence in drugs, and forced him to look beyond pharmacy, that the doctor is prepared to fully appreciate the virtue of climate.

Doubtless much of the vaunted help due to climate is attributable to the rest and recreation which are concomitants of the change. With his hopes directed to the viewless forces of the air, the invalid is benefited to a degree he does not dream of by new and amusing currents of thought, or by the drowsiness of travel that "knits up the raveled sleeve of care."

The steam-engine is civilizing and weakening its master, who must be ever "upon the drive." So promptly does our bountiful America reward well-directed and persistent effort that men of spirit are lured to a life of monotonous and needless toil, that saps the capacity for simple and wholesome pleasures. Our cities have become great as they are and unhappy as they are because thousands are wearing out the body and starving the soul in factories and offices. The Puritan element bursts forth every few years with some great organized effort through legislation to trample out the holiday freedom of the only day permitted for recreation, and to the courts the people on Sabbath-pleasure bent must appeal for the right to amuse themselves in their own way.

When the valetudinarian sets his face toward the health-resort he leaves behind him the "cares that infest the day." He goes to a community devoted to pleasure-seeking instead of money-grubbing, and soon feels the truth of the preacher's word that "a merry heart doeth good like a medicine." A round of harmless recreations fertilizes all the vital soil so nearly spent by too frequent cultivation and cropping.

These are the influences chiefly involved when we advise a change of air and scene. But there are others which in some cases count for even more than the vacation from labor. These are conditions of relative humidity and rainfall, of elevation and baro-

metric pressure, of temperature, of malaria, and of balsamic emanations. The consumptive is especially sensitive to meteorological conditions, so much so that we have grown to believe that, taken early, an arrest of the disease may be promised if the patient live much in the open air of a suitable climate.

No certain rule has yet been framed by which to determine in advance the best possible resort for each case. What will benefit one stage of the disease may hasten others. One consumptive is helped by the air of Colorado; another needs Santa Barbara; a third finds in Florida the remedy he seeks. One experiences relief only in the pine woods, others only in some sea-encircled island. The invalid should not despair of the climate-cure until he has tried several varieties of climate, not simply several localities.

In the summer, to avoid the debilitating effects of heat, invalids are urged to go north and in colder latitudes seek the other conditions of health. Few places promise more general benefit to the invalid from inland than the seaside; and better still, though like in kind, is the effect of island-life. There is great reason for the growing popularity of Block Island, Martha's Vineyard, Nantucket, Mount Desert, Nassau, and other islands beloved of summer tourists. The air is seldom still, never hot, and never laden with malaria. Pure as the very breath of heaven, it brings healing upon its wings. If the secret tonic be its density, heaviest at the sea-level, or its intensity represented by ozone or a trace of iodine, or simply the absence of the malarial and other exhalations of the land, we know not. This we know, that in her laboratory, whose walls are the blue deeps of the watery and of the skyey firmament, nature concocts a diviner air than that which blows from marsh or desert waste, or over dusty cities cloaked with visible impurities as with a garment. Every member of the body feels it and responds to it; the stomach in a whetted appetite and greater peptic activities, the liver and the bowels alike are prompted to their functions, the lungs and the heart are in vigorous play, the muscles have a firmer tension, and the nervous system is poised at ease daytime and night; thinking or sleeping, the brain works well.

Dilatation of the Alæ Nasi.—H. Fly Smith (Lond. Lancet) has recently observed in the case of a suicide, whose trachea was severed so that communication through this channel with the head was cut off, that the alæ nasi worked regularly, dilating with each inspiration. This phenomenon is often seen in children whose lungs are congested, and also in certain cases of emotion where breathing is interfered with, as in sudden terror or anger. The writer suggests, as the case of the cut throat would seem to show, that it is purely a reflex act due to an obstructed state of the lung, and in this case useless.

We incline to the opinion that the phenomenon may find its explanation in physiological habit. Dilatation of the alæ nasi seems to be one of the natural auxiliary movements of respiration; and the nasal dilators, having been constantly coördinated with the other muscles concerned in these movements, can not suspend function so long as these muscles are called into action by conditions which lead to extraordinary respiratory effort.

Search in the coördinating center, and not in the lung, will probably reveal the cause of the phenomenon. After all it may be maintained that the movement is reflex; but this is true only in the sense that all respiratory effort is of a reflex character.

The President's condition is critical. The parotid abscess is probably but the forerunner of many more, which may prove too great a drain for his wasted powers. The patient, his family, his surgeons, and attendants have our deepest sympathy. If the issue be death, the least that can be said is that they all have maintained a manful struggle with an inexorable fate.

Original.

A CASE OF ATROPIA-POISONING SUCCESSFULLY TREATED BY ESERINE.

BY ANDREW SEARGENT, M.D.
Resident Physician, Louisville City Hospital.

Mr. R., aged thirty-four years, occupation saloon-keeper, on the evening of July 21, 1881, took by mistake half a grain sulphate atropia and three fourths of a grain sulphate of morphia immediately before eating supper, at 6:30 o'clock P.M. Soon afterward he discovered the mistake he had made, and went to the druggist who had filled the prescription. The druggist became alarmed and at once gave him thirty grains of pulv. ipecac and told him to consult a physician. He went to Dr. J. A. Brady, who started him with a friend to the City Hospital, with the instruction to take active exercise as long as possible. He arrived at the hospital at 8:15 P.M., unable to walk without assistance and exhibiting all the characteristic signs of atropia-poisoning. His pulse at this time was 120 and respiration 30. The emetic the druggist had administered having failed to produce emesis, I gave him thirty grains sulphate of zinc. Ten minutes later I gave him an ounce of mustard in a strong solution of common salt followed by warm water, given freely. This soon produced free emesis, but failed to improve his condition in the least. He grew rapidly worse, and soon became comatose; pulse 136; respiration 36; the exercise had to be discontinued. I sent a messenger for some eserine, not having any at hand, but administered one grain of sulphate morphia hypodermically at 9:10 o'clock P.M. This produced no change in his condition, and in about fifteen minutes he had a convulsion, which lasted for some time, during which there was very decided opisthotonos without any apparent rigidity of the extremities. At 9:40 o'clock P.M. his pulse was 140, respiration 9 to the minute, and very shallow. Dr. J. A. Brady, his family physician, whom I had sent for, having arrived, we held a brief consultation and decided to stimulate respiration by means of electricity, and to draw off the urine. Electricity was continued for an hour with only a slight improvement in his respiration, and in attempting to draw off the urine we found the bladder almost empty.

At 10:45 P.M. we obtained a solution of eserine and administered one sixteenth of a grain hypodermically. In less than ten minutes his respiration and circulation began sensibly to improve. In fifteen minutes he was able to raise himself up, and asked for a drink of water, saying that he felt as bright as a new twenty-dollar gold piece. He now vomited quite freely, and walked to the ward assigned him, with a little assistance (11:15 P.M.).

At 1:30 o'clock A.M. I was called to see him, and found him comatose and oblivious to his surroundings. Pulse was 120, very weak, respiration 14, pupils as widely dilated as when first seen. I immediately gave him one twenty-fourth grain of eserine hypodermically. He began to improve at once, and in ten minutes was wide awake and perfectly rational. I again used the catheter but did not find any urine, although the patient thought his bladder was full.

Visited the patient at 6 o'clock A.M., July 22d, and found him sitting up and anxious to leave the hospital. Respiration deep and 18 to the minute; pulse regular and 96 to the minute; pupils still dilated, and mouth dry. Patient was unable to urinate.

I visited him again at 9:30 A.M. and found every thing normal except pupils which were slightly dilated. Patient had not urinated, and had no desire to do so. I then ordered an infusion of digitalis with acetate of potash, which soon produced free diuresis, and in due time the patient was discharged well.

LOUISVILLE.

Correspondence.

LONDON LETTER.

Editors Louisville Medical News:

DEAR SIRS—I have seen many interesting operations performed here in the last few weeks. Most of them, however, were the usual operations made in the kind of cases treated, and may be found well described in any of the late works on the practice of surgery; but some of them, which are comparatively new, were interesting to me, and I hope may be so to some of the readers of your journal. A few of the most interesting I propose to briefly describe.

1. Operation for varicocele, made by Mr. D. Colley, at Guy's Hospital. The spermatic artery and vas deferens were carefully separated from the varicose veins, and an incision made with a bistoury through the skin just over the artery and vas deferens, a curved blunt needle fenestrated near the point was passed into the incision, and on under the

veins until its point pushed out the skin on the opposite side. An incision was then made down upon the end of the needle and it passed out; a catgut ligature was then passed through the eye of the needle which was withdrawn, carrying the ligature under the veins; after this the ligature was removed from the eye of the needle, and the needle passed again through the incision and on over the veins and out through the incision on the opposite side; the end of the ligature was then passed through the eye of the needle and the needle withdrawn, carrying the ligature over the veins and out through the incision, thus embracing the veins in the loop of the ligature, which was firmly tied, the knot cut short and pushed through the incision and under the skin. About an inch below this ligature another was applied in the same way, a piece of lint saturated with collodion was placed over the incision, and the antiseptic dressing applied. Mr. Colley said that he had had no experience with the operation; but that a surgeon in Edinburgh had made it often and with very good results.

2. Operation for subcutaneous nevus of the head, made by Mr. Lister, at King's College Hospital. The hair being removed from around the tumor, an incision was made on each side of it through the skin about half an inch from the border of the tumor; a blunt-pointed curved needle was passed into the incision upon one side of the tumor and on under its base and out through the incision on the other side of it; a catgut ligature then passed through the eye of the needle, the ligature doubled, and the needle withdrawn, carrying the double ligature under the tumor; the ligature was then cut to release the needle and the needle passed through the incision again and on around the border of the tumor and out through the incision on the opposite side, one of the ligatures passed through the eye, and the needle withdrawn, thus embracing one half of the tumor in the loop of the ligature. The other half of the tumor was then embraced with the other ligature in the same manner. The ends of the ligatures being brought out on opposite sides of the tumor, were firmly tied, the knots cut short, and pushed through the incisions and under the skin, and the antiseptic dressing applied.

3. Operation for hydrocele, by Mr. Lister. The anterior part of the scrotum, just above the testicle, was transfixed by passing two straight needles, three inches long, vertically from below upward, bringing out the points two inches above their entrance and half an inch apart, embracing a section of the scrotum half an inch wide and two inches long. The scrotum was then incised with a bistoury, between the needles, the entire length of the section embraced, the fluid evacuated, and the free edges of the skin and tunica vaginalis brought together by several fine interrupted sutures. The vaginal sack was then injected with the carbolic-acid solution and the antiseptic dressing applied. He thinks the operation preferable to the old one by injection with iodine, being less liable to be followed by inflammation and suppuration. It very seldom fails to effect a radical cure.

4. An operation for genu valgum, by Mr. Howse, at Guy's Hospital. A transverse incision was made just above the external condyle of the femur, on the anterior and outer part of the thigh, about half an inch long and down to the bone, which was then divided by passing a very narrow saw into the incision and sawing the bone obliquely from above downward until it was cut nearly through; the saw was then withdrawn and the undivided part of the bone broken by forcibly pushing the thigh outward and at the same time pulling the leg inward. The leg was then put in proper shape and confined by splints and a bandage. I saw the leg four weeks after the operation and it was normal in shape and the bone apparently firmly united. He also operated for anterolateral curvature of the tibia in the same way except in dividing the bone, which was done transversely at the point of greatest anterior curvature. This operation, in my opinion, is the best that has yet been done in such cases. It is of easy execution, unattended by danger, and accomplishes all that could be desired.

5. Operation for entropion of upper eyelid, known as "Burrows's operation." I am indebted to L. Webster Fox, M.D., one of the internes at the Royal London Ophthalmic Hospital, for the following description of the operation: "The eyelid is drawn down, the end of a horn spatula is placed on the lid, which is then everted over the spatula. This action exposes the under side of the lid, on which is generally seen a whitish line running parallel to the margin of the lid and about one line from it. The operator holding the spatula and lid in place with his left hand, an incision is then made completely through the tarsal cartilage, about a line and a half from its border, with a sharp-pointed knife; then the semi-blunt point of a pair

of scissors is inserted beneath the cartilage, which is completely severed from the inner to the outer canthus, always following the line above mentioned. The lid is then replaced, and in nearly every case the cilia will assume their proper position. When, however, the skin is very lax and the tarsal margin curves inward, a piece of skin may be removed from the lid by pinching a portion of it up with the forceps and removing it with scissors, the edges of the wound then brought together by fine sutures. The essential point in the operation is to keep the blade of the scissors parallel with the tarsal edge, so as to avoid making an oblique section of the cartilage. In obstinate cases a second or third operation may be performed if necessary, as no danger need be feared of a cicatrix or granulation forming." I saw the operation performed several times at the Royal London Ophthalmic Hospital by Messrs. John Cowper and George Lawson, and with better results than were obtained from any other operation for the relief of entropion I have ever witnessed.

The International Medical Congress promises to be quite a success, much the largest meeting ever held by the Congress.

LONDON, July 31, 1881. J. HALE, M.D.

ACUTE CYSTITIS TREATED WITH ERGOT.

Editors Louisville Medical News:

Some time ago I was called to see Mr. B., aged twenty-seven years, and found him suffering with a well-marked cystitis. After trying several commonly-used remedies without success, I resorted to fluid extract of ergot, in dram-doses three times daily, which made a rapid and complete cure. Since this time I have treated at least a dozen cases with this remedy, and it has in no instance failed to give a happy result.

I would be glad if other physicians would report their experience with the drug in the treatment of this troublesome disease.

WEST STATION, MISS. W. C. L., M.D.

[Dr. Bumstead recommends ergot in acute cystitis. His favorite prescription is—

℞ Vini ergotæ..... ℥iij;
Tinct. ferri chloridi..... ℥j.
M. Dose, a teaspoonful every six hours.]

CARBOLIC-ACID poisoning is too common. 'Tis time this deadly drug were banished from the sick-room.

Medical Societies.

THE INTERNATIONAL MEDICAL CONGRESS.

[From the London Times, August 4, 1881.]

FIRST DAY.

The seventh meeting of the International Medical Congress was formally opened, by His Royal Highness the Prince of Wales, in St. James's Hall, London, on Wednesday, August 3d, at 11 o'clock A.M. Nearly three thousand members of the Congress were present. It was the wish of the Queen, under whose patronage the Congress assembled, and the determination of the general committee, that no female representatives of medical science should be admitted to the Congress; and this determination was carried out notwithstanding the fact that a strong protest was made against it, and a request that the committee would reconsider its decision was presented, signed by forty-three duly qualified medical women.

The Prince of Wales on his arrival was received by Sir William Jenner, Sir William Gull, Sir James Paget, Mr. McCormack, and other members of the committee, and conducted to the platform. A little later the Crown Prince of Prussia entered and took a seat on the left of the chairman.

Sir William Jenner, K.C.B., President of the Royal College of Physicians, as chairman *ex officio* of the General Committee, took the chair until the president-elect of the Congress had been formally installed. In opening the proceedings Sir William Jenner offered the acknowledgments of the medical profession to the Prince of Wales for the support which His Royal Highness had accorded to the Congress, and then mentioned some of the objects which it was sought to promote by that international gathering.

Mr. McCormack, the honorary secretary-general, next read the report of the Executive Committee, in which, after a reference to the last meeting of the Congress at Amsterdam in 1879, the steps taken in arranging for the present sitting were related. In drawing attention to the fact that, with the exception of the honorary vice-presidents, all the gentlemen nominated for election as officers of the Congress belonged to this country, the committee pointed out that the task of organizing the Congress had been considerable, and that it was desirable that those engaged in the work should be readily and constantly accessible.

Some details of the work which had to be done may be interesting. An explanatory letter giving a short account of the nature of the undertaking had been sent to every practitioner in the United Kingdom and the colonies; notice of the intention to hold a Congress was given to all the universities and schools in North America, and to thirty-three hundred and five medical men in the various States; similar circulars, either in French, German, Italian, or Spanish, were forwarded to the universities, medical societies, and a large proportion of the medical men of France, Germany, Austria, Hungary, Italy, Spain, Portugal, Scandinavia, Russia, Turkey, South America, India, China, and Japan. Copies of the programme had been sent to two hundred and eight medical jour-

nals, and altogether more than one hundred and twenty thousand circular notices had been sent out. Letters to reigning sovereigns explaining the objects of the Congress had been graciously acknowledged.

After mentioning the obligation that the committee were under to Lord Granville for the assistance he had given them by communicating on the subject with Her Majesty's representatives abroad, the report gave the names of the following gentlemen who had been commissioned by their several Governments to attend the Congress and report its proceedings.

[Here follows a long list of names, many of them hard to pronounce and not a few the favorites of fortune and fame. Then came a list of those who had accepted invitations to be nominated as foreign vice-presidents, among whom we find Drs. Fordyce Barker and Austin Flint, of New York, Dr. Billings, of Washington, and Dr. Bigelow, of Boston—names of men who, having done so much honor to American medicine at home, might well be selected to represent it abroad.]

In addition to those legally qualified to practice medicine in their respective countries, a certain number of home and foreign pharmacists of distinction had been invited as extraordinary members, and also some eminent dentists and physiologists who were not medical men. A museum had been formed, and in addition to a collection of objects of great professional interest, there would, in connection with it, be a daily presentation of patients affected by different forms of disease. In commemoration of this great medical meeting a medal had been struck. Her Majesty the Queen had expressed her approval of this memorial, to the preparation of which some of our first artists had given their assistance.

Full information on the business of the Congress having been forwarded to all foreign countries, the result was a delegation of gentlemen from all the civilized countries of the world to the number of two thousand four hundred and fifty.

Sir J. Risdon Bennett, chairman of the Executive Committee, in moving the election of Sir Jas. Paget to be President of the Congress, and of the gentlemen nominated to fill various offices mentioned in the report, drew attention to the extensive literary work which had grown up in the preparation of abstracts of papers and communications to be read before sections of the Congress on the various branches of medical and surgical science.

Prof. Donders, of Utrecht, who was President of the Congress of 1879, congratulated those who had undertaken the organization of this meeting upon the success which had attended their efforts. He looked for valuable additions to medical science from their deliberations.

The resolution being carried, Sir W. Jenner presented to the Prince of Wales one of the commemorative medals, and Sir James Paget, amid loud cheering, took his seat as President of the Congress.

THE PRINCE OF WALES'S ADDRESS.

The Prince of Wales, who was greeted with loud cheers on rising to speak, said:

Sir James Paget, Your Imperial Highness, and Gentlemen—I gladly complied with the request that I should be patron of the International Medical Congress of 1881, and among many reasons for so doing was my conviction that few things can tend more to the welfare of mankind than that educated men of all nations should from time to time meet together for the promotion of the branches of knowledge to which they devote themselves. The intercourse and the mutual esteem of nations have often been advanced by great international exhibitions, and I look back with pleasure to those with which I have been connected; but when conferences are held among those who in all parts of the world apply themselves to the study of science, even greater international benefits may, I think, be confidently anticipated; more especially in the study of medicine and surgery, for in these the effects of climate and of national habits must give to the practitioners of each nation opportunities, not only of acquiring knowledge, but of imparting it to those of their *confrères* whom they meet in Congress. I venture the opinion, gentlemen, that the executive committee has acted wisely in instituting sections for the discussion of a very wide range of subjects, including not only the sciences on which medical knowledge is founded, but many of its most practical applications; and I am very happy to see that so great scope will be granted for the discussion of important questions relating to public health, to the cure of the sick in hospitals and in the houses of the poor, and to the welfare of the army and navy. The devotion with which many members of the medical profession readily share the dangers of climate and the fatigues and dangers of war, and the many risks which must be encountered in the study of means, not only for the remedy, but for the prevention of disease, deserves the warmest acknowledgment from the public.

I have great satisfaction in believing, in seeing this crowded hall, that I may already regard the Congress as successful in having attracted a number never hitherto equalled of medical men from all parts of this kingdom, as well as from every country in Europe, from the United States, and from other parts of the world. The list of officers of the Congress, including as it does the names of those distinguished in every branch of medical science, shows how heartily the proposal to hold the meeting in London has been received. I think it speaks well for the good feeling of the profession that there should have been so warm a response to the invitations. How cordially the proposal has been received may be seen not only in the large number of visitors, but in the fact that they include a large proportion of those who enjoy a high reputation not only in their own countries, but throughout the world. I sincerely congratulate the reception committee on this good promise of complete success; and I trust that at the close of the Congress they will feel rewarded for the labor they have bestowed upon it. The report which the secretary-general, Mr. MacCormack, has read has explained how great have been his labors. He will hereafter be well repaid, and I am sure Mr. MacCormack is sensible that he will be recompensed even for his great exertions by the assurance that the progress of the important science of medicine has been materially promoted; for any addition to the knowledge of medicine must always be followed by an increase in the happiness of mankind. (Loud cheers.)

THE PRESIDENT'S ADDRESS.

Sir James Paget then delivered his inaugural address, a synopsis of which we quote from the New York Medical Record.

After referring to the composition of the Congress, the diverse characters of its members, and the various methods of study which had gained eminence for each, he dwelt upon the necessity of utilizing the apparent diversity of thought into a concentrated and harmonious whole. In works done by dissimilar and independent minds, dispersed in different fields of study, or only gathered into self-assorted groups, there was apt to be discord and great waste of power. There was, therefore, need that the workers should from time to time be brought to some consent and unity of purpose; that they should have opportunity for conference and mutual criticism, for mutual help and the tests of free discussion. This it was which, on the largest scale and most effectually, the Congress might achieve; not, indeed, by striving after a useless and happily impossible uniformity of mind or method, but by diminishing the lesser evil of waste and discord which was attached to the far greater good of diversity and independence. Now, as in numbers and variety the Congress might represent the whole multitude of workers every where dispersed, so in its gathering and concord it might represent a common consent that, though apart and different, yet the work was and should be essentially one; in all its parts mutually dependent, mutually helpful—in no part complete or self-sufficient. It might seem to be a denial of the declaration of unity that, after this general meeting the Congress should separate into sections more numerous than on any former occasion. He would speak of these sections to defend them; for some had maintained that, in such a division of studies, there was a mischievous dispersion of forces. He observed that the sections which we have instituted are only some of those which are already recognized, in many countries, in separate societies, each of which has its own place and rules of self-government, and its own literature. And the division had taken place naturally, in the course of events which could not be hindered. For the partial separation of medicine, first from the other natural sciences, and now into sections of its own, had been due to the increase of knowledge being far greater than the increase of individual mental power. He did not doubt that the average mental power constantly increased in the successive generations of all well-trained peoples; but it did not increase so fast as knowledge does, and thus, in every science, a small portion of the whole sum of knowledge had become as much as even a large mind can hold and duly cultivate. Many of us might, for practical life, have a fair acquaintance with many parts of our science, but none can hold it all; and for complete knowledge, or for research, or for safely thinking out beyond what was known, no one could hope for success unless by limiting himself within the few divisions of the science for which, by nature or by education, he was best fitted. Thus, the division into sections was only an instance of that division of labor which, in every prosperous nation, we see in every field of active life, and which was always justified by more work better done. Moreover, it could not be said that in any of our sections there was not enough for a full, strong mind to do. If any one doubted this, he might try his own strength in the discussions of several of them. In truth, the fault of specialism was not in narrowness, but in the shallowness and the belief in self-sufficiency with which it was apt to be associated. If the field of any specialty in science was narrow, it could be dug deeply. In science, as in mining, a very narrow shaft, if only it be carried deep enough, might reach the richest stores of wealth, and find use for all the appliances of scientific art. Not in medicine alone, but in every department of knowledge, some of the grandest results of research and of learning, broad and deep, were to be found in monographs on subjects that, to the common mind, seemed small and trivial.

Study in such a Congress might be a useful remedy for self-sufficiency. Here every group might find a rare occasion, not only for an opportune assertion of the supreme excellence of its own range and mode of study, but for the observation of the work of every other. Each section might show that its own facts must be deemed sure, and that by them every suggestion from without must be tested; but each might learn to doubt every inference of its own which was not consistent with the facts or reasonable beliefs of others; each might observe how much there was in the knowledge of others which should be mingled with its own; and the sum of all might be the wholesome conviction of all, that we can not justly estimate the value of a doctrine in one part of our science till it has been tried in many or in all. The test of truth in every part should be in the patient and impartial trial of its adjustment with what was true in every other. For every fact in science, wherever gathered, had not only a present value, which we might be able to estimate, but a living and germinal power, of which none could guess the issue. It would be difficult to think of any thing that seemed less likely to acquire practical utility than those researches of the few naturalists who, from Leeuwenhoeck to Ehrenberg, had studied the most minute of living things, Vibrionidæ. Men boasting themselves as practical might ask, "What good can come of it?" Time and scientific industry had answered, "This good: those researches had given a truer form to one of the most important practical doctrines of organic chemistry; they had introduced a great beneficial change in the most practical part of surgery; they were leading to one as great in the practice of medicine; they concerned the highest interests of agriculture, and their power is not yet exhausted." And as practical men were, in this instance, incompetent judges of the value of scientific facts, so were men of science at fault when they missed the discovery of anesthetics. Year after year the influence of laughing-gas and of ether were shown: the one fell to the level of the wonders displayed by the itinerant lecturers; students made fun with the other. They were the merest practical men, men looking for nothing but what might be straightway useful, who made the great discovery which had borne fruit not only in the mitigation of suffering, but in a wide range of physiological science.

The history of science had many similar facts, and they might teach that any man would be both wise and dutiful if he would patiently and thoughtfully do the best he could in the field of work in

which, whether by choice or chance, his lot had been cast.

The best work of the International Congress was in the clearing and strengthening of the knowledge of realities; in bringing, year after year, all its force of numbers and varieties of minds to press forward the demonstration and diffusion of truth as nearly to completion as might from year to year be possible. Thus chiefly the Congress might maintain and invigorate the life of our science. And the progress of science must be as that of life. It sounded well to speak of the temple of science and of building and crowning the edifice. But the body of science was not as any dead thing of human work, however beautiful; it was as something living, capable of development and a better growth in every part. For as in all life the attainment of the highest condition was only possible through the timely passing-by of the less good, that it might be replaced by the better, so was it in science. As time passed, that which seemed true and was very good became relatively imperfect truth, and the truth more nearly perfect took its place. In the certainty of this progress the great question was, What should we contribute to it? It would not be easy to match the recent past. The advance of medical knowledge within one's memory was amazing, whether reckoned in the wonders of the science not yet applied or in practical results in the general lengthening of life, or, which was still better, in the prevention and decrease of pain and misery, and in the increase of working power.

He could not count or recount all that in this time had been done; and he supposed there were very few, if any, who could justly tell whether the progress of medicine had been equal to that of any other great branch of knowledge during the same time. He believed it had been; he knew that the same rate of progress could not be maintained without the constant and wise work of thousands of good intellects; and the mere maintenance of the same rate was not enough, for the rate of the progress of science should constantly increase. That in the last fifty years was at least twice as great as that in the previous fifty. What would be in the next, or, for a more useful question, What should we contribute to it?

"In the number and intensity of the questions brought before us," said he, "we may see something of responsibility. If we could gather into thought the amounts of misery or happiness, of helplessness or of power for work, which may depend on the answers to all the questions that will come before us, this might be a measure of our responsibility. But we can not count it; let us imagine it; we can not even in imagination exaggerate it. Let us bear it always in our mind, and remind ourselves that our responsibility will constantly increase. For as men become in the best sense better educated, and the influence of scientific knowledge upon their moral and social state increases, so among all sciences there is none of which the influence and, therefore, the responsibility will increase more than ours; because none more intimately concerns man's happiness and working power.

"But more clearly in the recollection of the Congress, we may be reminded that in our science there may be, or rather there really is, a complete community of interest among men of all nations. On all the questions before us we can differ, discuss, dispute, and stand in earnest rivalry; but all consistently with friendship, all with readiness to wait patiently till more knowledge shall decide which is in the right. Let us resolutely hold to this when we are apart; let our internationality be a clear abiding sentiment, to be, as now, declared and celebrated at the appointed times, but never to be forgotten; we may, perhaps, help to gain a new honor for science, if we thus suggest that in many more things, if they were as deeply and dispassionately studied, there might be found the same complete identity of international interests as in ours.

"And then let us always remind ourselves of the nobility of our calling. I dare to claim for it, that among all the sciences, ours, in the pursuit and use of truth, offers the most complete and constant union of those three qualities which have the greatest charm for pure and active minds—novelty, utility, and charity. These three, which are sometimes in so lamentable disunion, as in the attractions of novelty without either utility or charity, or in researches so combined that, unless by force or willful wrong, they can hardly be put asunder. And each of them is admirable in its kind. For in every search for truth we can not only exercise curiosity, and have the delight—the really elemental happiness—of watching the unveiling of a mystery, but, on the way to truth, if we look well round us, we shall see that we are passing among wonders more than the eye or mind can fully apprehend. And as one of the perfections of nature is that, in all her works, wonder is harmonized with utility, so is it with our science. In every truth attained there is utility, either at hand or among the certainties of the future. And this utility is not selfish; it is not in any degree correlative with money-making; it may generally be estimated in the welfare of others better than in our own. Some of us may, indeed, make money and grow rich; but many of those that minister even to the follies and vices of mankind can make much more money than we. In all things costly and vainglorious they would far surpass us if we would compete with them. We had better not compete where wealth is the highest evidence of success; we can compete with the world in the nobler ambition of being counted among the learned and the good who strive to make the future better and happier than the past. And to this we shall attain if we will remind ourselves that, as in every pursuit of knowledge there is the charm of novelty, and in every attainment of truth utility, so in every use of it there may be charity. I do not mean only the charity which is in hospitals or in the service of the poor, great as is the privilege of our calling in that we may be its chief ministers; but that wider charity which is practiced in a constant sympathy and gentleness, in patience and self-devotion. And it is surely fair to hold that, as in every search for knowledge we may strengthen our intellectual power, so in every practical employment of it we may, if we will, improve our moral nature; we may obey the whole law of Christian love, we may illustrate the highest induction of scientific philanthropy.

"Let us, then, resolve to devote ourselves to the promotion of the whole science, art, and charity of medicine. Let this resolve be to us as a vow of brotherhood; and may God help us in our work."

The Congress then resolved itself into its various sections.

PROF. VIRCHOW.

At a general meeting held in St. James's Hall in the afternoon. Sir James Paget in the chair, Prof. Virchow, of Berlin, delivered, in German, an address on the Value of Pathological Experiment. Prof. Virchow's address was an able and learned defense of vivisection It lasted over an hour, was marked by many gleams of humor and passages of eloquence, and evoked much applause. At its close the learned professor pleaded that vivisectionists should not be regarded as heartless barbarians, but as men who were working to promote the welfare of humanity. Of science it might be said as Bacon said of the sun—"*Palatia et cloacas ingreditur, neque tamen polluitur.*"

On the motion of Sir J. Paget, a cordial vote of thanks was accorded to Professor Virchow for his address.

WORK IN THE SECTIONS.

The various sections met and organized at 3 P.M., when most of the addresses by the respective presidents were delivered, after which the subjects set down for the day were presented.

These meetings were held for the most part at Burlington House and in various rooms in the neighborhood. Anatomy was presided over by Prof. W. H. Flower, Physiology by Dr. Michael Foster, Pathology and Morbid Anatomy by Dr. S. Wilks, Medicine by Sir W. Gull, Diseases of the Throat by Dr. G. Johnson, Surgery by Mr. J. Eric Erichsen, Obstetric Medicine and Surgery by Dr. A. M'Clintock, Diseases of Children by Dr. West, Mental Diseases by Dr. Lockhart Robertson, Diseases of the Ear by Mr. W. B. Dalby, Diseases of the Skin by Mr. Erasmus Wilson, Diseases of the Teeth by Mr. Edwin Saunders, State Medicine by Mr. J. Simon, Military Surgery and Medicine by Prof. T. Longmore, Materia Medica and Pharmacology by Prof. T. R. Fraser, and Ophthalmotology by Mr. Bowman.

In section on Anatomy, John Struthers, M.D., of Abderdeen, gave a paper on The Processus Supracondyloideus Humeri of Man, while Dr. Facsebeck, of Brunswick, devoted himself to the motor portion of the trigeminus nerve.

In the section on Pathology and Morbid Anatomy, Prof. Klebs, of Prague, discussed the relations of minute organisms to certain specific diseases, Dr. H. Vandyke Carter taking up a special branch of the same subject in the aspects of the blood spirilum in relapsing fever.

In the section on Medicine, C. E. Brown-Séquard dealt with localization of diseases in the brain and spinal cord so far as pathognomonic and diagnostic, and Dr. J. Hughlings Jackson, F.R.S., discussed epileptic convulsions from cerebral disease.

In the Surgical Section a commencement was made by Mr. Spencer Wells, who described recent advances in the surgical treatment of intraperitoneal tumors. Mr. Lawson Tait went into the question of recent advances in abdominal surgery.

THE CONVERSAZIONE.

In the evening a *conversazione* was given by the English members to the foreign members at South Kensington Museum. This was attended by more than five thousand persons, but there was abundant accommodation for even this large number, in the spacious courts, picture galleries, and garden. The Prince of Wales and his illustrious brother-in-law honored the Congress by attending this soirée and by staying a considerable time.

And thus ended a day marked by gatherings unique in character and interest, and it is no exaggeration to say that the most captious critic would fail to detect a single failure of the arrangements at any point.

Formulary.

ANTISEPTIC STIMULATION IN TYPHOID.

Prof. Bouchard (*Le Cours. Méd.*, May 7th) recommends that stimulants used in typhoid fever should be mixed with antiseptic substances, in order to prevent purulent infection from the intestinal lesions. He uses the following:

Rum	fl.℥ ix;	270.00 fl.Gm.;
Creasote	gtt. ij;	0.12 "
Phenic acid.....	gr. iv;	0 24 Gm.;
Salicylic acid.....	gr. xv;	1.00 "

M. Sig. Small quantities of this or a similar antiseptic stimulant may be given as required.—*Mich. Med. News.*

VOMITING IN PREGNANCY.

Dr. J. S. Forwood (Med. and Surg. Reporter, July 10th) during twelve years' practice has treated two hundred or more cases of morning sickness with an infusion of calumba, ginger, and senna, and asserts that this combination is as much a specific in pregnancy vomiting as quinine is in intermittent fever. His formula is—

℞ Rad. calumbæ contus... } Rad. zingiberis..... }	āā ℥ ss;	15.00 Gm.;
Fol. sennæ.....	℥ j;	30.00 "
Aquæ bullient.....	Oj;	473.00 "

M. ft. infus. Sig. Wineglassful before each meal. —*Henry Gibbons, jr., M.D., in Pacific Medical and Surgical Journal.*

TREATMENT OF TINEA TONSURANS.

Tinea tonsurans—or, as it is frequently improperly called, herpes tonsurans—ought always to be designated by the term trichophyton, from the name of the parasite which produces the affection. This disease is frequently of so long a duration, and the course of treatment is so protracted, that the practitioner is in many cases under the necessity of changing the remedies employed, and for this reason should be acquainted with the various methods of treatment in common use. In selecting the most appropriate remedies it should be borne in mind that tinea tonsurans nearly always terminates in a spontaneous cure, and those substances which are likely to lead to alopecia or cicatrices should therefore be avoided. M. Besnier employs the following ointment:

Vaselin.....	℥ xij;	48.00 Gm.;
Boric acid.....	gr. xv;	1.00 "
Flowers of sulphur.....	gr. xv;	1.00 "

F. ungt.

The head is to be first shaved, and the ointment is to be applied night and morning to the scalp.—*Le Progrès Méd.; London Practitioner.*

Miscellany.

Treatment of Consumptives by Causing them to Breathe an Antiseptic Atmosphere—The "Wilderness Cure" for Consumption.—Jules Tukeman, M.D., M.A., of New York, in a letter to St. Louis Courier of Medicine, states that the method of treating consumption through direct assault upon the local destructive process in the lung itself, by means of insufflation and atomization has not yielded satisfactory results. The present method of treatment practiced in the East is based upon the rational theory of causing the patient to respire, as continuously as possible, an antiseptic atmosphere. Creasote has proved most serviceable as an agent for this purpose; carbolic acid has also been used.

The theory, not a new one, has been revived by Schueler and Griefswald, who found that animals, rendered artificially tuberculous, were cured by being made to inhale vaporized creasote-water for lengthened periods of time. The opinion is rational, because by continued inhalation alone can the affected portions of the lung be so reached as to be benefited by the medicine employed.

Referring to the "wilderness cure" for consumptives, by Marc Cook, the writer calls it "one of those unfortunate outpourings of an enthusiast who is bound to thrust his remedy down the throats of his fellow sufferers without regard to their pathological condition or individual predisposition." The author, who is a reporter and a smooth writer, "took his shattered and cavity-adorned lung to the Adirondacks, and has been cured."

The New York Medical Record predicted that evil would result from his highly-colored article, as published in Harper's, on the Adirondacks as a health-resort. A crowd of consumptives started for the St. Regis region, and as a testimony to the truth of the prophecy, already fourteen persons have died in the mountains or on their way there during the month of June. Bad accommodations, bad food, fatigue attendant on a journey ill advised, and that unspeakable depression of spirits which must follow when the sufferer compares these unwelcome surroundings with the comfortable home and kind and attentive friends which he has left behind him are sufficient to counteract any good that might otherwise be derived from cooler temperature and purer air.

It seems that Marc Cook did not receive the benefit that his sojourn in the mountains promised; for the editor of the St. Louis Courier of Medicine states that he has died of consumption since Dr. Tukeman's letter was written; "a fact which may dampen the ardor of those who would seek the St. Regis region as a cure for that disease."

Complete Rupture of the Perineum with Spontaneous Union.—Dr. J. H. Radford, in the Canada Journal of Medical Sciences, reports a case which very nearly sustains the claims of the above title. The patient, aged thirty-five, a primipara with a small pelvis, came into labor on May 18th. Her pains were regular at first but had diminished by the time the os had dilated to its full size, when an enema was given followed by ergot in two separate doses. After this the pains returned with vigor, and spite of all efforts to prevent it the perineum gave way, being torn through the sphincter ani. The labor lasted for a period of ten hours. The parts were washed, two silver-wire sutures were introduced, the knees tied together, and the patient placed upon one side, which position was maintained. The bowels were kept at rest for ten days by means of morphia, and the urine drawn off twice daily for the first week, after which time the patient was herself able to void it, lying face downward. The vagina was washed out twice daily with carbolized water. On the tenth day an enema was given and the feces broken up by means of forceps. She got an enema daily for the five days following. About the thirteenth day the sutures were removed and the union found complete. The diet was fluid exclusively.

Dr. Radford thinks that the results obtained in this case should go far toward deciding the question of immediate operation in ruptured perineum, and remarks that if even one in twenty succeeds it will save much needless pain and suffering to the unfortunate victims of this accident.

Quinine Amaurosis.—The characteristic features are: 1. Total blindness after taking a large quantity of quinine; 2. Pallor of the optic disks; 3. Marked diminution of the retinal blood-vessels, in number as well as in size; 4. Contraction of the field of vision. The *total* blindness is only temporary. Relapses appear to occur, and from comparativley insignificant doses. Horizontal position seems to be beneficial.—*Knapp, Archives of Ophthalmology; Maryland Med. Journal.*

CHIAN TURPENTINE.—This new drug, it seems, has been tried and found wanting; nevertheless we occasionally see reports like the following, which should encourage physicians to give it an impartial trial before remanding to the list of medicines which have had "their day and ceased to be." Dr. John Binnie (Therapeutic Gazette) reports a case of cancer of the mouth in a woman who used the emulsion of chian turpentine, and found, after a few pounds of this had been taken, that it removed fetor, relieved pain, reduced the swelling, improved the appetite, and appeared in every way so much to benefit the patient that high hopes were entertained of her recovery. After a time, however, the drug became very distasteful to the patient, and had to be discontinued on account of the gastric disturbance it produced. Though the disease in this case is perhaps past cure, Dr. Binnie thinks that the chian turpentine should be perseveringly administered in cancer, for there can be no doubt that in this case at least it exerted a direct influence over the morbid processs.

FATAL POISONING FROM CARBOLIC ACID. Dr. Chew, before the Baltimore Academy of Medicine, reported the case of a druggist who took by mistake half an ounce of pure carbolic acid. A stomach pump and emetics were resorted to about a quarter of an hour after the accident, but there was no vomiting. The patient was pulseless and comatose for several hours, then rallied and lived five days. Symptoms of blood poisoning were present. The patient died from asthenia. The urine (examined upon the second day) presented nothing abnormal. Swallowing was possible upon the day of death, although accompanied with pain. Three weeks after death the body, which had been placed in a vault, was in a state of complete preservation, without the least odor or sign of decomposition.—*Maryland Med. Journal.*

A "HOLE" THAT SHOULD BE STOPPED.—"James M. Hole, M.D.," of Salem, Ohio, contributes to the New York Medical Tribune (Eclectic) a scandalous libel upon Dr. Dewees and other practitioners now in their graves, in regard to their method of treating fevers. We wonder that the editors of eclectic journals do not, in the interest of their sect, exclude from their columns such mendacious slang. They should shut up such filthy holes.—*Pacific Medical and Surgical Journal.*

Selections.

Some Cases which Illustrate the Diagnosis of Fatty Heart proper.—J. Milner Fothergill (London Practitioner):

In November last I saw, in consultation with Dr. A. Brown, of Kentish Town, a gentleman of sixty years of age who had had one very severe attack of cardiac dyspnea. He had largely recovered but still was breathless on any exertion. He had a good and steady pulse, with hard arteries—indeed all the associations of the fatty decay of "failing hypertrophy." He had a massive chest (was a well-known public lecturer), and it was impossible to map out by percussion the precise size of the heart, or to ascertain by that means if there were any dilatation of the right ventricle. But as our knowledge advances we find that from disturbance of physiological function, carefully considered and read aright, we can calculate what anatomical change can not tell us. Any change in size or form of the right ventricle could not be noticed if it existed; but from the general associations of the cardiac failure it seemed almost certain that the structural integrity of the right ventricle had become impaired. This I estimated from the severe dyspnea, out of proportion to the effort which provoked it, and the resultant ready breathlessness from slight cause. Consequently I gave a grave prognosis, though the patient looked well and hale for his years, and felt very well so long as he kept quiet; and the first sound, produced mainly by the left ventricle, was good. We forbade him to leave the house till Christmas, and advised him to cancel all his lecturing engagements whatever till we thought he might resume them. He never saw Christmas. Feeling very well he went into the city on some business, one day in the middle of December, and returned home feeling very nicely and quite hopeful as to his future. In the evening he went into the water-closet, and in the effort of emptying his bowels died there and then.

Here the suspicions as to the right ventricle being unsound were strongly confirmed by the sequel of the case. Probably there was an atheromatous growth blocking up the right coronary artery and so impairing the nutrition. The patient had a grand physique, a good radial pulse, and a very fair first sound. The grave prognosis, then, was founded not on evidence furnished by physical examination, but by careful estimation of the disturbance of function. The result demonstrated that the estimate was a correct one.

The following case, on the other hand, is instructive as illustrating how a case of the gravest aspect may do better than anticipated.

Mr. A., aged forty-eight, but looking much older, had a distinct arcus senilis. He had been seen by the late Dr. Murchison three years ago, who found then nothing organically wrong. He took rest and improved somewhat. He came to me because, as he explained, his then medical advisers "lacked decision" in their treatment. He then had cardiac irregularity with dyspnea without as well as upon effort, including attacks which awakened him in the middle of the night. There was distinct cardiac dilatation, and crops of petechiæ showing vasomotor enfeeblement. There was much restlessness from difficulty of breathing. The case seemed one of failure from fatty degeneration. A month later he was calmer and quieter; the dyspnea was relieved (the night attacks had disappeared entirely), but it was readily

provoked by annoyance or mental worry. Then he worked too much and the dyspnea and restlessness returned. Nine weeks later he looked nicely, had gained weight, and the dyspnea had again vanished. The heart's action was nearly rhythmical. Six weeks later the pulse was regular, the heart's action steady, the dyspnea gone, and he could walk up stairs without inducing it; pulse 75; respiration 21. His appearance is much improved.

Now the progress of this case is instructive, and suggests a better prognosis than was given. There has been distinct improvement all round. The action of the heart is much better and the first sound is louder. Here there may have been little organic decay, or there may be a development of new muscular fibrillæ within the sarcolemma of the decayed fibers. We know that such repair is common and indeed quite usual after fevers, where the muscular structure of the heart is extensively fattily degenerate; yet repair takes place by development of these embryonic fibrillæ, taking the place of the old fibers which have undergone fatty necrosis. The gentleman's nutrition generally, and his tissue-nutrition in the heart itself especially, was much impaired and the assimilative organs needed the greatest attention. The liver was enlarged and the urine contained lithates. The improvement in the general nutrition has been followed by improved tissue-nutrition, including that of the heart; and the case altogether is most instructive. It suggests the idea that "heart-starvation" may be found along with a group of associations most suggestive of fatty degeneration. The progress of the case will be watched with the deepest interest, as several similar cases are doing better than could have been expected, if the present existing views are sound as to the non-repair of the fatty heart. The late Waburton Begbie thought repair was attainable in certain cases, and my recent experience inclines me to his views; but success depends less on therapeutic remedies employed than upon a suitable dietary providing pabulum for the development of new fibrillæ in the place of the effete old ones.

A case of most severe heart-failure following typhoid fever was seen by me lately along with Dr. L. Brunton, F.R.S., and Dr. Mitchell Bruce. Some eighteen months ago this gentleman, a provincial physician, caught typhoid fever, which ran an ordinary course, but left him with the gravest impairment of his heart. Continuous perfect rest in bed had not been sufficiently decisively insisted upon at the first and the improvement was slow. However, the prolonged syncopal attacks have disappeared, the heart is recovering its vigor, and repair by the development of embryonic fibrillæ within the sarcolemma seems progressing favorably. This repair of heart-muscle undergoing fatty degeneration in typhoid fever has been made generally known by the work of Rindfleisch, and gives us the most gratifying encouragement to treat such cases according to our late physiological lights.

It is most important to discriminate between the "fatty heart" and "heart-starvation." Each is the outcome of malnutrition; but one is a perfectly curable disease, whereas fatty degeneration with atheromatous arteries generally, and the coronary arteries especially, is a truly senile change, which carries with it the very gravest prognosis.

Leprosy in Louisiana.—The annual report of the Louisiana Board of Health for 1880, just issued, contains a detailed statement of the progress of the Asiatic leprosy in that State during the last century. It was brought, in 1680, to the West Indies by the negro slaves and thence to Louisiana. In 1778 this disease was so prevalent among the blacks, together with the African elephantiasis, and another equally horrible, named yaws, peculiar to Guinea negroes, that a hospital for lepers was established in New Orleans. At the present time the majority of lepers in that city are found to be whites of French, German, and Russian extraction. The disease seems to be hereditary, and certain families are known to be infected by it, and are shunned as corpses would be, could they walk and move about, spreading the contagion of death. The mother of one of these families, when the disease showed itself, was deserted by husband and children, and nursed until her death by a young girl, who is now a victim to it. An Italian Catholic priest who attended cases of leprosy in the Charity Hospital is now dying of it in the same hospital. New Orleans, it appears, now has no separate asylum for these incurable patients, and they are taken into the Charity Hospital and placed in the crowded wards to scatter death.

Dr. Joseph Jones, the President of the Board of Health, has made a personal investigation into the extent of this disease, even venturing into the deathly swamps of the lower Bayou Lafourche. This entire district, he says, is several feet lower than the turbid bayou, sloping back into cypress swamps liable to constant overflow from crevasses. The poor Creole inhabitants live in low huts surrounded by wet rice-fields, living upon fish and fish-eating birds. They are separated from the rest of the world and have intermarried for generations. So impregnated with disease is this remote region that some of the exploring party were struck down, on reaching it, with violent hemorrhages and fever. Of all foul corners of the world it is the fittest for the disease most dreaded by man since the beginning of the world to hide with its prey. Below Harang's canal, President Jones found Asiatic leprosy existing in different generations of six families. Some of these wretched creatures have been driven out from human habitation, and are living apart in the swamps and dying of decay. In some instances their flesh had become as insensible as bone, and they were able to handle fire with impunity.

It was impossible to make a correct estimate of their numbers, as a rumor spread among them that a searching-party had come to carry them off to an uninhabited island of the sea, and they hid themselves, their friends, too, refusing to tell their names or number.—*Med. and Surg. Reporter.*

Chloral in Labor.—Dr. Kane says that chloral may be employed in normal labor for the purpose of blunting sensibility, quieting nervous and hysterical manifestations, shortening labor, and destroying pains. In complicated labor it has three uses—i. e. to relieve pain, to hasten dilatation of the os, and to increase the force of the uterine contractions. Chloral, even when pushed to anesthesia, does not destroy the force of the uterine contractions. The alleged danger of postpartum hemorrhage has no foundation in fact. In moderate doses it is never dangerous. The slight delirium that sometimes occurs is ordinarily removed by a second dose and need cause no alarm. It is rarely necessary to use more than one dram in any one confinement. It is best given by the rectum, in the form of enemata or suppositories.—*Saint Louis Courier of Medicine.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

THE CLINICAL THERMOMETER.

We are in receipt of the first annual report of the astronomer in charge of the Horological and Thermometric Bureaus of the Winchester Observatory of Yale College (1880–1881).

The report contains some statements relative to the inaccuracy of clinical thermometers that may well call for comment.

Since the investigations of Wunderlich and Ringer, thermometry as a means of diagnosis and prognosis in the study of disease has been accepted as a verity, and the clinical thermometer holds as conspicuous a place in the outfit of the general practitioner of today as the lancet held in the armamentarium of our fathers in medicine. In some affections—relapsing fever and typhoid fever, for instance—the thermograph of each is well nigh pathognomonic; and in all other diseases the revelations of the thermometer are of great significance and too important to be dispensed with. While admitting the value of this means of clinical study, the physician has been constantly oppressed with a sense of the inaccuracy of its revelations, and the great difficulty of finding a standard with which his instrument could be compared, that in a given observation due allowance might be made for error.

This subject has been canvassed at many a consultation, and gravely discussed at the meetings of not a few medical societies, and many a wise physician has, by comparison of his own instrument with those of his neighbors in medicine, fixed a happy mean between the thermometers which give the lowest and those which give the highest readings in a given case, and, by adding from a half degree to a degree or more to, or substracting it from, the scale of his instrument, has flattered himself that he has approximated the true standard of temperature. But even with this allowance there will in most cases be an error of at least a half degree; and this is sufficient to materially influence the prognosis and modify the treatment in some forms of disease.

Many of our readers will doubtless recall instances in their own practice where the range of temperature as shown by the thermometer has awakened in them a concern for the welfare of the patient which the other symptoms did not appear to warrant, and which the subsequent history of the case proved to be unfounded.

We well remember an incident occurring at the time when the thermometer first became a candidate for professional favor, that resulted in the confusion of a meritorious young practitioner and in the triumph of an older and wiser one, where the thermometer was doubtless in fault.

A man who had developed a pneumonia called in a young physician, whose recent store of wisdom acquired at college had been reinforced by a subsequent term of service in the hospital. The case had arrived at its second stage, and presented no unusual symptoms; but young physic, availing himself of the latest means of diagnosis, applied the thermometer, and on noting its indication turned white, talked low, and

advised the family that an immediate consultation of physicians be held, so that the patient's chances for life or death might be duly weighed. A gray-haired practitioner in the neighborhood, wise with the experience of many years but ignorant of thermometry, was consequently summoned in haste, and after giving the patient due inspection retired to the consulting-room with the young physician. "What do you think of the patient?" anxiously inquired young physic. "I think he has a reasonably mild attack of pneumonia, which is about entering the stage of resolution," said old physic. "But, doctor," said the young man, "his temperature is 106°. That is alarmingly high, and don't you think it a grave symptom?" "I don't care if it is 212°," said the old man; "he's got to be a great deal sicker than he is now before he dies. I'll wager all I'm worth on his getting well; and if you will take the advice of an old man, let me say that the more you depend upon your ears, eyes, and common sense in making out the symptoms of a case and in estimating their value, and the less you have to do with new-fangled instruments, the better it will be both for your patients and your practice."

The issue was the usual one. The young doctor was soon notified that his services were no longer required, and the old doctor was retained in the case. Inaccuracy of the instrument, which probably gave a reading of from two to two and a half degrees too high, was the cause of the discomfiture of this worthy but unsophisticated disciple of the modern school of diagnosis.

Of course, now that doctors have learned to make allowance for the inaccuracy of thermometers, blunders like this do not often occur; but the fact that there is little or no accuracy in the ordinary thermometric reports of disease is an evil which calls for remedy, and here we have it.

Through a grant from the Board of Directors of the Bache Fund of the National Academy of Science, Prof. Newton was able to secure, during his visit to Europe in 1880, a number of high-grade standard thermometers, and many of these were carefully compared with the standard instruments at the Kew Observatory, as well as with those at similar institutions in Hamburg and Berlin. From these investigations the bureau was able to construct a number of comparators and otherwise fit itself for the work of correcting the various thermometers in use, so as to make them coincide in their indications with the standard instruments of the observatory.

A circular was issued in June, 1880, in which this subject was duly canvassed, and the bureau offered to test and correct any clinical thermometer sent to it for the small sum of fifty cents, giving a certificate of accuracy with each instrument so tested and corrected. That this offer was appreciated by the profession is proved by the fact that the bureau has been called upon to issue "sixteen hundred and sixty-seven certificates with thermometers designed for physicians' use and physiological research" since the project was set on foot.

This work was viewed with suspicion at first by our manufacturers, but by sending a number of their thermometers which had been corrected by the bureau to Kew to be retested, they have become convinced of the reliability of the work, and now accept the authority of the Winchester Observatory as final.

The bureau has taken pains to advise with and educate our American makers—loaning them standards, giving them all needful advice, and correcting the errors of all instruments sent to it. The report says, "Great improvement is strikingly illustrated by the fact that while in June, 1880, four fifths of all the thermometers received (representing seven different makers) were in error over one third of a degree, and two per cent had errors exceeding a whole degree, in April and May, 1881, four fifths of all the thermometers sent had errors of less than three tenths of one degree."

A significant fact in connection with this work is that about fifty physician's thermometers, taken from active practice, had errors

exceeding a degree and a half. This may explain the many reports of affections presenting a marvelously high temperature, with recovery, where authorized clinical records of the same, based upon correct thermometric readings, would call for a prognosis of death.

It would seem that heretofore the warrant of the maker has been no surety of the accuracy of the thermometer; for no matter how carefully the instrument may be graduated in scale, or tested before being put upon the market, subsequent changes in the caliber of the tube may give rise to false indications; "and there is little doubt that the great majority of physician's thermometers now in use are from one half to two degrees too high in their indications."

Through what furnaces of fever will the patients of the doctors who may be armed with these instruments be reported as having passed!

Proper seasoning of the glass tubes used in making thermometers, and more careful graduation, constitute the remedy proposed by the bureau, and it is suggested that manufacturers shall send their thermometer tubes to the observatory, there to remain under seal for a year before graduation. So that even if the physician is not his thermometer may be a *graduate* of Yale. One house has already availed itself of this opportunity for securing accuracy in its instruments, and others have tubes in process of manufacture which will be sent to the observatory for proper seasoning before use.

The bureau is to be congratulated upon having brought about a needed reform in the manufacture of thermometers, and physicians will be truly grateful to the managers for putting in their hands the means of securing accuracy in one of the most important fields of clinical observation. In the course of another year our best manufacturers will be able to furnish the profession with thermometers whose readings will tally one with another, and whose accuracy can be depended on; but in the meantime it would be well for practitioners to send their instruments to the Winchester Observatory of Yale College, New Haven, Conn., that they may be tested by the standard there and their errors corrected.

THE GREAT CONGRESS.—The International Medical Congress, like a midsummer day, began in splendor and closed in a blaze of glory—Paget at the beginning, Huxley at the ending; the world's surgeon, the world's biologist. Between the addresses of these two representative men came a host of others, all of high merit, among which Prof. Virchow's stands out in bold relief. The foreign journals for two weeks past have well nigh given up their columns to the addresses and proceedings of the Congress; while their editorial comments give evidence of a most profound impression left upon the English medical mind by the assembling, in the English metropolis, of so august a body in such sublime proportions.

Three thousand of earth's wisest and best! exchanging views and profiting by one another's experiences and discoveries. Who shall say that science has not made substantial gain by this? Three thousand of earth's wisest and best! representing various languages, lands, political sections, and prejudices, as brothers taking "sweet counsel together." Who shall say that the cause of humanity through the common brotherhood of man has not gained impetus and strength in this?

Three thousand of earth's wisest and best! in solemn assembly, deliberating as one man how, through learning, wisdom, and life-long devotion to truth, the highest good of mankind may be reached. Who would not take off his sandals here? Who could come near, nor feel that his feet were set on holy ground?

THE "ANGEL'S WHISPER."—In the opinion of the Michigan Medical News, the beautiful nursery conceit that the sweet smile of the slumbering infant is caused by the whisper of an angel in its ear is destroyed by the revelations of unemotional science. Dr.

Charles Bell attributes the smile to reflex muscular action due to intestinal flatus, the rotation upward of the eyeballs and the tremulous movement of the lips being due to a far different cause than a communication from the unseen world. The News thinks that Moore's "Angel's Whisper" will hardly bear such materialistic handling.

We speak no evil of the dead, nor would it be fair to apply the rules of scientific criticism to a poet; but if Moore were alive and a physician, we should say that his failure to discriminate an angel's whisper from a borborygmus was evidence of conspicuous deficiency in diagnostic skill. We should say this and take our chances of a challenge, as Byron did when he gave Moore an airing in the British Bards and Scotch Reviewers.

Original.

PUERPERAL ECLAMPSIA TREATED WITH CHLORAL HYDRATE AND MORPHIA.

BEING A REPORT OF SIX CASES WITH REMARKS.

BY E. P. EASLEY, M.D.*

Mr. President and Gentlemen: In December last I had the pleasure of reading a short paper before your society on the treatment of tetanus and puerperal convulsions. I wish now to reiterate and emphasize some of the statements then made, as well as give you my further experience, and the experience of several of the New Albany physicians, with chloral in the treatment of puerperal eclampsia.

Those of you who heard my former paper will remember that I said then that the danger in this disease was in proportion to the violence and continuance of the spasms, and that if we could control these most of our cases would end in recovery; and further, that I relied on chloral to effect this. Now that is my opinion still, and my faith in the efficacy of this agent is greater than ever. It increases with my own experience and with my observation of its results in the hands of other practitioners.

Since I last met with you there have occurred in our city no less than six cases of this frightful malady—two of them resulting fatally. Believing that a brief report of each case would be interesting and instructive, I am led to give you the principal features of each and the treatment pursued.

CASE I.—Mrs. D., aged about thirty-five, plethoric, mother of seven children, during her confinement last January was seized with convulsions. She was attended by several of our leading physicians. They gave her chloral per rectum and morphia subcutaneously, but not in large doses. She recovered. But I learn that there is a diversity of opinion among her attendants as to the relative benefits in her case of the chloral and morphia.

CASE II.—Mrs. H., aged about thirty-six, plethoric, mother of one child sixteen years old, on the first of the present month when near the end of her seventh month of gestation was attacked with convulsions. Her physician, Dr. Bowman, gave her forty-grain doses of chloral in the rectum at short intervals, and also two doses of morphia, one half grain each, four hours apart. In ten or twelve hours she was perfectly conscious and free from any tendency to spasms. She took thereafter bromide and bitartrate of potassium daily for two weeks, when she gave birth (normally) to a dead fetus.

CASE III.—Mrs. G., primipara, aged nineteen, was seized with an eclamptic fit on the 12th of May, 1881. Dr. L. C. Neat, who was called to see her, immediately administered sixty grains of chloral by the rectum, and one third of a grain of morphia by subcutaneous injection, and repeated the chloral injection in an hour. These measures controlled the spasms for twenty-four hours, when they returned again, and the chloral was once more resorted to. Thirty-six hours subsequently she had a natural labor without any accident to herself or child.

CASE IV.—On April 10, 1881, M— A. (colored), primipara, aged eighteen, had a normal labor. Two hours afterward convulsions supervened. She was then given one fourth of a grain of morphia hypodermically. Six hours later the spasms returned, and the morphia was repeated. The case terminated in death eight hours after the first convulsion.

CASE V.—Mrs. D., twenty-two years of age, primipara, was confined on the 28th of May, 1881. She had convulsions immediately before and during labor. She was given morphia subcutaneously and a few ten-grain doses of chloral. Her physician having, as he declared, no faith in the chlo-

*Read before the Mitchell District Medical Society, at Columbus, Ind., June 28, 1881.

ral-treatment, did not push it. She never rallied, but lingered in a semi-conscious condition for five or six days, when she died.

CASE VI.—Mrs. B., primipara, aged seventeen, was seized with labor-pains on the 7th of May, 1881. In a few minutes violent spasms supervened. Two hours later Dr. McIntyre and myself delivered her with forceps. The convulsions continuing, we injected into the rectum a dram of chloral suspended in an ounce of sweet milk. Five minutes afterward we gave her a grain and a fourth of morphia by hypodermic injection. She very soon had another violent spasm; then for twenty-four hours she remained at rest, when an attempt to draw off the urine gave rise to furious and prolonged convulsive movements. We then gave her a dram of chloral as before, which had the happy effect of putting a stop to the spasms and inducing a quiet sleep. Six hours subsequently, as a precautionary measure, we gave her another sixty grains. At one o'clock on the morning of the 9th, forty-four hours after the first spasm, she returned to consciousness and took some light nourishment. With the exception of a slight attack of mania, which lasted four or five days, she had no further trouble.

These six cases have occurred in New Albany during the present year.

In April, 1879, I saw a case similar to No. 2; the convulsions occurring three weeks before full term. The patient was given chloral during the attack, and subsequently jalap and cream of tartar, daily till her confinement, which was normal and with a living child.

The following case occurred in the practice of Dr. Alexander, of New Albany, about a year ago:

Mrs. H. a delicate primipara, had convulsions before and after delivery. She was given sixty grains of chloral by the rectum, and then delivered with the forceps. Two hours later, the convulsions returning, she was given a second dose of chloral, after which she went on through an uninterrupted convalescence to a speedy recovery.

A word now in regard to the relative merits of chloral and morphia in the treatment of this disease. Chloral, in my opinion, is far more efficacious in arresting the convulsions of pregnant and lying-in women than morphia. If I were restricted to the use of one of these drugs, I certainly should much prefer the former; but, given together, each one increases the efficacy of the other.

NEW ALBANY, IND.

CASE OF CARBOLIC-ACID POISONING, WITH RECOVERY.

BY WM. F. HAMER, M.D.*

Mr. President and Gentlemen: In order to make my case clear I will give you the general details of it.

March 22, 1881, Charles McQueen, in endeavoring to get upon a freight-train going north, fell with his right foot under the wheel, which, striking the os calcis, passed obliquely across the foot, crushing the astragalus, the internal, middle, and external cuneiform, the cuboid and metatarsal bones, and the first phalanx of big toe. The friends being opposed to amputation, it was deferred till the 24th, when Dr. Orvis and myself amputated about three inches above the ankle-joint. The patient was put on quinine, iron, and chlorate potassium. A bottle containing four ounces of carbolic acid, which was used as an antiseptic for the dressings, and a bottle containing eight ounces of chlorate-of-potassium mixture were both placed on the mantel. The dose of the potash mixture was a large tablespoonful. At 10 P.M. on the 30th he was to have had a dose of the potash mixture, but the nurse got the bottle containing the carbolic acid and gave him a large tablespoonful. He swallowed it, told her that she had given him the wrong medicine, and immediately became unconscious. I was called in haste and found him almost lifeless; the pulse 36; respirations 8; a cold clammy sweat involving the entire body. The sweat being ropy, I could raise it up between my thumb and finger, and the smell of the acid was strongly perceptible in it. Having no medicines at hand, I procured some slaked lime in a few moments. Taking about a pint of water I added three tablespoonfuls of the lime to it, stirring it up well. I did not wait for it to settle, but gave him three or four tablespoonfuls as fast as I could get him to swallow it; then gave it every ten minutes in tablespoonful doses till he had taken four or five doses. I also gave him whisky at short intervals and applied mustard over the heart, back of the neck, and lower extremities. In about an hour he began to breathe better; the pulse had raised to 56; respirations 12. The lime mixture was now given every hour alternately with whisky. At the end of six hours from the time he received the dose he was perfectly conscious; said he felt very well, only that his mouth and throat hurt him.

* Read before the Mitchell District Medical Society, at Columbus, Ind., June 29, 1881.

The other treatment was demulcent drinks, and the quinine, iron, and potash mixture was continued.

Bartholow says, in his work on Therapeutics, that combination with alkalies diminishes but does not entirely check the physiological activity of carbolic acid, and that saccharate of lime or lime is probably the most efficient from the chemical point of view. There is no chemical or physiological antidote to carbolic acid after absorption has taken place. Hence toxic symptoms should be treated upon general principles as they arise; and that the local caustic action is lessened by demulcents but not by oils and glycerin.

JONESVILLE, IND.

Books and Pamphlets.

RHEUMATISM: ITS NATURE, ITS PATHOLOGY, AND ITS SUCCESSFUL TREATMENT. By T. J. Maclagan, M.D. London: Pickering & Co. 1881.

FIRST BIENNIAL REPORT OF THE NORTH CAROLINA BOARD OF HEALTH, 1879 AND 1880. Raleigh: News and Observer, State Printers and Binders. 1881.

MARTIN'S CHEMISTS' AND DRUGGISTS' BULLETIN. Devoted to Pharmacy, Medicine, and kindred interests. New York, July, 1881. Vol. I, No. 1.

THE PREVENTION AND TREATMENT OF PUERPERAL MAMMARY INFLAMMATIONS. By L. S. Oppenheimer, M.D., Seymour, Ind. Read before the Jackson County Medical Society, June 2, 1881. Reprint from the Western Medical Reporter.

THE MOTHER'S GUIDE IN THE MANAGEMENT AND FEEDING OF INFANTS. By John M. Keating, M.D., Lecturer on Diseases of Children at the University of Pennsylvania, Visiting Obstetrician to the Philadelphia Hospital, etc. Philadelphia: Henry C. Lea's Son & Co. 1881.

DYSPEPSIA: HOW TO AVOID IT. By Jos. F. Edwards, M.D., author of "How a Person threatened or afflicted with Bright's Disease ought to Live; Constipation plainly treated and relieved without the Use of Drugs." Philadelphia: Presley Blakiston. 1881. Price, seventy-five cents.

ON THE SURGICAL ANATOMY OF THE SHEATHS OF THE PALMAR TENDONS. By Roswell Park, A.M., M.D., of Chicago, Ill., Demonstrator of Anatomy in the Chicago Medical College. Reprint from the Annals of Anatomy and Surgery, August, 1881, Brooklyn, N. Y., No. 28 Madison Street. 1881.

A MEDICAL FORMULARY (WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS): Based upon the United States and British Pharmacopeias, together with numerous French, German, and unofficinal preparations. By Laurence Johnson, A.M., M.D., Lecturer on Medical Botany, Medical Department of the University of New York; Fellow of the New York Academy of Medicine, etc. New York: Wm. Wood & Co., 27 Great Jones Street. 1881.

THE FUNCTIONAL AND MORPHOLOGICAL RELATIONS OF THE CEREBELLUM. By E. C. Spitzka, M.D., of New York City. Reprint from the Chicago Medical Review, July 5, 1881.

ANATOMICAL STUDIES UPON BRAINS OF CRIMINALS: A Contribution to Anthropology, Medicine, Jurisprudence, and Psychology. By Moriz Benedikt, Professor at Vienna. Translated from the German by E. P. Fowler, M.D., New York, Department of Translation, New York Medico-Chirurgical Society. New York: Wm. Wood & Co., 27 Great Jones St. 1881.

TREATISE ON THE CONTINUED FEVERS (WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS). By Jas. C. Wilson, M.D., Physician to the Philadelphia Hospital and to the Hospital of the Jefferson Medical College, and Lecturer on Physical Diagnosis at the Jefferson Medical College, Fellow of the College of Physicians of Philadelphia, etc. With an introduction by J. M. Da Costa, M.D., Professor of the Practice of Medicine and Clinical Medicine at Jefferson Medical College, Physician to the Pennsylvania Hospital, Fellow of the College of Physicians of Philadelphia, etc. New York: Wm. Wood & Co. 1881.

THE DIFFERENTIAL DIAGNOSIS OF FRACTURES AND DISLOCATIONS OF THE FEMUR AT THE HIP-JOINT. Tabulated by H. A. Wilson, M.D., Lecturer on Fracture-dressings in the Philadelphia School of Anatomy, etc. Reprint. Brooklyn, N. Y.: Annals of Anatomy and Surgery, 28 Madison St. 1881.

This compilation is arranged in the best possible form for reference. It occupies only two pages, and seems to have been made to fit the dimensions of almost any text-book of surgery. We have given it a place in ours, and with good conscience can say to the reader, "Go thou and do likewise."

Formulary.

INJECTION OF GLYCEROLE OF TANNIN FOR ENDOMETRITIS.

The following combination is used by Dr. Cheron for endometritis with ulceration of the cervix. He claims great advantages in its use:

℞ Acid. tann.....	ʒj;	4.00	Gm.;
Tinct. opii.....	ʒss;	2.00	"
Glycerinæ.....	ʒj;	30.00	"

One half tablespoonful in a pint of water to be injected into the vagina morning and evening.—*Translated from Le Progrès Médical for Louisville Medical News, by L. S. Oppenheimer, M.D.*

PRURITUS IN PREGNANCY.

Dr. Montrose Pallen recommends the following formula in this troublesome affection:

Thymol.....	gr. xv;	1.00	Gm.;
Vaseline	gr. xxx;	2.00	"
Powd. brick-clay.....	ʒiij;	90.00	"

M. Dissolve the thymol in the vaseline and then rub it up with the clay. This is to be applied to the pruritic parts every day or two. Dr. Pallen thinks this will cure every case not dependent upon trophic nerve causes.—*J. B. M., in Medical Herald.*

DIET IN CHRONIC DIARRHEA FOR A CHILD TWO MONTHS OLD WHO CAN BEAR MILK; PURGING NOT VERY SEVERE.

We can heartily indorse, after actual trial, the following, taken from Eustace Smith on the Wasting Diseases of Infants and Children:

A teaspoonful of Mellin's Food for Infants every three hours, dissolved alternately in milk and barley-water (equal parts) and in equal parts of weak veal broth and barley-water.

If no milk at all can be digested, a good diet is the following:

First meal, 7 *a.m.:* One teaspoonful of Mellin's Food for Infants, dissolved in a teacupful of veal broth and barley-water, equal parts.

Second meal, 11 *a.m.:* One teaspoonful of cream in a teacupful of fresh whey.

Third meal, 2 *p.m.:* The unboiled yelk of one egg beaten up with fifteen drops of brandy, a tablespoonful of cinnamon water, and a little white sugar.

Fourth meal, 5 *p.m.:* Four ounces of beef tea (a pound to the pint).

Fifth meal, 11 *p.m.:* Same as first.

FOR HABITUAL CONSTIPATION IN SPERMATORRHEA.

Habitual constipation, which is met with in one third of the cases, demands particular attention. If there is atony of the intestines, a pill composed of two grains of extract of colocynth, half a grain of extract of nux vomica, and a tenth of a grain of the extract of belladonna, may be administered at bedtime. In the majority of cases enemata with temperate water will fullfil the indication, or the patient may take two or three drams of equal parts of Rochelle and Epsom salts in a tumbler of water before breakfast, or a wineglassful of Hunyadi water, or of an artificial mineral water composed of—

Sulphate of magnesia....	℥j;	30.00 Gm.;
Potassa bitartrate.....	℥j;	4.00 "
Sulphate of iron.....	gr. x;	0.66 "
Water.....	Oij;	946.00 fl.Gm.

Dose as above.

This was a favorite remedy of the late Prof. Dunglison, and I can bear testimony to its efficacy.—*S. W. Gross, A.M., M.D., Practical Treatise on Impotence and Sterility. Philadelphia: Henry C. Lea's Son & Company.*

HYPODERMIC INJECTION OF PEPTONATE OF MERCURY.

Dr. Martineau, finding that the *albuminate* of Bamberger often causes local troubles, advises the following injection:

Peptone..... } Mercury bichloride... }	āā gr. $\frac{1}{12}$;	0.005 Gm.;
Distilled water.....	♏ xv;	1.00 "

This hypodermic medication is to be preferred to medication by the stomach, (1) because its action is more certain and definite, (2) because it does not derange the digestive organs, (3) because the exact quantity taken into the system is known.—*Le Prog. Méd.; trans. by L. S. O.*

FLEAWORT SEED IN CONSTIPATION.

Gueneau de Mussey (*Gaz. des Hôp.*) claims that a tablespoonful of fleawort seed (psyllium, a species of plantain) in half a glass of water, taken before dinner, has answered very well as a mild laxative. This remedy seems worthy of trial.—*Chicago Med. Rev.*

Pharmaceutical.

Editors Louisville Medical News:

Some three months ago my attention was called through your journal to the new antiseptic, Listerine, and I ordered two large bottles. I have used the article in question in several diseases in which carbolic acid and other antiseptics are commonly prescribed, and, I must say, with great satisfaction. As an antiseptic alterative, internally administered, I consider Listerine an exceedingly valuable therapeutic agent. In chronic ulceration of the nasal passages (catarrhal or otherwise) the listerinized solution—by injection, spray, or brush—is a most excellent remedy. In the suppurative stage of burns and scalds I have had the most happy effects to follow its use. In post-partum irrigation I now regard Listerine as almost indispensable to the comfort and safety of lying-in women. I think Listerine well worthy of adoption by the profession generally as the remedy in all cases in which carbolized injections are usually ordered, for in my humble opinion it really has all the virtues of carbolic acid with none of its poisonous evils and dangers.

J. W. Singleton, M.D.

Paducah, Ky., August 3, 1881.

More New Medicines.—The Druggist mentions the following as plants in which medicinal properties have been discovered during the present year:

Hieracium, reported in the transactions of the Lancaster (Pa.) Medical Society, by Dr. W. Stump Forwood. Observations indicate that this plant will prove of value as a remedy in phthisis; at least it appears to have won a well-deserved reputation for relieving that disease in cattle. The infusion is used.

Euphorbia villosa (*Allg. Med. Cent. Zeit.*), in Ukraine and Gallicia, is employed as a remedy in hydrophobia. There is unusually good evidence in favor of its curative power when taken within five or six days of the infection.

Convalaria majolis (tried and reported by Drs. Bojojawlensky and Troitzky) is recommended in organic diseases of the heart. Effects equal to those of digitalis are claimed for it. Under its exhibition the urine is increased in quantity, serous deposits are rapidly absorbed, and nervous irritability diminished. Cumulative effects were not observed.

Miscellany.

ACUTE ARTICULAR RHEUMATISM IN A CHILD, NINE MONTHS OLD.—Rob't J. Garden, M.D., C.M., reports (London Practitioner) that a well-nourished child, aged nine months, was brought into the Aberdeen Hospital for Sick Children in a feverish and restless condition, who in the course of two days developed well-marked symptoms of acute articular rheumatism. There seemed to be tenderness both in the knee- and ankle-joints, the latter being somewhat swollen. In one day more its condition was unchanged, while two days later the left ankle was found to be much better; but the right ankle was greatly swollen, reddened, and tender. There was no family history of rheumatism, and the disease was believed to have been induced by frequent bathing in cold water. On the disease being recognized the joints were wrapped in cotton wool and three grains of salicin, three times daily, were prescribed. The affection subsided in the course of fourteen days; no more joints were involved, and no heart-complication was discoverable.

The writer, in commenting on this case, says that the chief points of interest in it are to be found in the early age of the patient and the cause of the complaint. In the absence of family taint cold was undoubtedly the cause. As to the age of the patient, many writers on diseases of children do not mention rheumatism at all. West has not seen it in children under two years of age; Vogel's youngest case was one year and nine months of age, though Wiederhofer had observed it in a child twenty-three days old. Dr. Garden thinks there is reason for believing that rheumatism, though more or less modified, is of more frequent occurrence in children than is usually supposed.

DEATH OF DR. MAURICE RAYNAUD.—Dr. Maurice Raynaud died of angina pectoris, at his country house near Paris, upon the 29th of last June. He had been selected to deliver the French address at the International Medical Congress; and being possessed of great oratorical power, his presence at the Congress was looked forward to as one of the important events of the occasion. At the time of his death, which occurred at the early age of forty-seven, he was Physician at La Charité, Agrégé of the Faculty of Medicine, Member of the Section of Medical Pathology, and of the Academy of Medicine, and Officer of the Legion of Honor. His thesis, *Les Médecins du Temps Molière*, with which he began his medical career, attained great popularity. His address for the Congress, already prepared at the time of his death, was delivered by Dr. Féréol; and, in the opinion of the British Medical Journal, "lost little, if any thing in effect, in the graceful and polished utterances of his friend and representative."

THE PHYSIOLOGICAL ACTION OF THE ACTIVE PRINCIPLE OF PISCIDIA ERYTHRINA.—Dr. Isaac Ott, working with the active principle of *Piscidia erythrina* (the Jamaica dogwood) suspended in water or in glycerin and water, finds that his experiments confirm the results which he has obtained with the fluid extract of *Piscidia erythrina*. He finds that piscidia is a narcotic; that it does not paralyze or excite the motor nerves; that it does not act on the extremities of the sensory nerves, but upon their central connection, the sensory ganglia of the spinal cord; that it produces convulsions, partly by stimulation of the spinal cord; that it reduces the frequency of the pulse by an action on the heart itself, probably on its muscular structure; that the arterial tension temporarily rises by stimulation of the dominant vasomotor center; that it soon falls, due to a partial paralysis of this center and the heart itself; that it at first contracts and then dilates the pupil. —*Archives of Medicine; Lond. Practitioner.*

PSEUDO-HERMAPHRODITE.—M. Magitot presented a patient to the Sociétié de Chirurgie, aged forty-one. At thirteen she had an apparent menstrual flow, twice repeated at intervals of three months. At fifteen to sixteen the breast developed and she showed a decided liking for boys. At eighteen she married, but coitus was never complete. In 1871 her husband died, and from this time she experienced a great desire for women and had frequent natural connection with them. This person was five feet ten inches in height, had rather short hair, a well-developed beard, a masculine neck, but feminine voice. The breasts were large and soft. There was a real penis, the size of a boy's of twelve, imperforate, doubling in size on erection. In each apparent labium majus was an atrophied testicle. There were no spermatozoa in the seminal fluid. Below the penis was an infundibulum (from which ejaculation took place) and urethral orifice. All present regarded it as a male with hypospadias.—*Gazette Hebdom.; Maryland Medical Journal.*

Dean Swift and Modern Therapeutics. The learned Dr. Gulliver, in his voyage to the Houyhnhnms, explains the *modus operandi* of cathartics and emetics, as employed by English physicians of his time, thus:

Their fundamental is that all diseases arise from repletion; whence they conclude that a great evacuation of the body is necessary, either through the natural passage or upward through the mouth. Their next business is, from herbs, minerals, gums, shells, oils, salts, juices, seaweed, excrements, barks of trees, serpents, toads, frogs, spiders, dead men's flesh and bones, birds, beasts, and fishes, to form a composition for smell and taste the most abominable, nauseous, and detestable they can possibly contrive, which the stomach immediately rejects with loathing, and this they call a vomit; or else from the same storehouse, with some other poisonous additions, they command us to take in at the orifice above or below (just as the physician then happens to be disposed) a medicine equally annoying and disgustful to the bowels, which, relaxing the belly, drives down all before it; and this they call a purge or a clyster. For nature (as the physicians allege) having intended the superior orifice only for the intromission of solids and liquids, and the inferior posterior for ejection, these artists ingeniously considering that in all diseases nature is forced out of her seat, therefore to replace her [maintain that] the body must be treated in a manner directly contrary by interchanging the use of each orifice, forcing solids and liquids in at the anus and making evacuations at the mouth.

The modern physician, who laughs and smarts at the same time under the keen satire of the above, knowing, as he must, that though much overdrawn it has an element of truth in it, will read the following with a feeling of triumph:

The Administration of Purgatives by Hypodermic Injection.—Much attention has been directed in Germany and Italy to finding some means of replacing tartar emetic, ipecacuanha, and saline and vegetable purgatives of all kinds by simple hypodermic injections of apomorphia and aloin (the alkaloid of socotrine aloes). Just as with a subcutaneous injection of apomorphia effects of nausea and vomiting have been obtained, so with a warm aqueous solution of aloin (one twenty-fifth) injected in the thigh or forearm there have soon been produced true symptoms of purgation. In these cases the remedy does not act by direct contact with the gastro-intestinal mucous membrane. These, as the Paris Medical says, are very singular facts, which call for serious study and verification.—*Med. Press and Circular.*

What would the misanthropic Dean of St. Patrick's say to this?

Thus does science overturn theories, improve methods, and blunt the shafts of ridicule.

The death of Dr. Tanner, of fasting fame, is announced. The great tax to which he submitted his system during his fast of forty days last summer, is said to have been the indirect cause of his death.

Odors in Psychiatry.—Dr. Benj. W. Richardson (Scientific News, February, 1881) who has distinguished himself by very erratic actions in relation to total abstinence, still further extends his reputation of being eccentric by the following remarks on the subject of insanity before one of those popular pseudo-scientific organizations so common in the English speaking countries: "Go into the wards of any lunatic asylum and notice among the most troubled there the odor of the gases and vapors they emit by the skin and by the breath. That odor is from their internal atmosphere, their nervous ethereal emanation. They are mad up to suicide or murder or any criminal folly. Can it be otherwise? They have secreted the madness; they are filled with it; it exhales from them. Catch it, condense it, imbibe it, and in like manner it would madden any one." The psychiatrical or psychological knowledge of any one writing this kind of trash is easily judged, but the mental caliber of the individual who wrote it would be in extreme doubt were it not that this individual is merely a dilettant physician. —*Chicago Med. Review.*

Mimic or Phantom Aneurisms.—Practitioners are occasionally perplexed with unusual pulsations and murmurs, particularly in the abdominal aorta, causing differences of opinion in diagnosis. The subject is considered at some length in St. Bartholomew's Hospital Reports for 1880, by Dr. Samuel West, who presents a series of cases in which the symptoms appeared and disappeared. The American Journal of Medical Sciences is in doubt whether permanent dilatation or aneurism ever follows these cases. We have in view a case of the kind which gave much perplexity to diagnosticians in Los Angelos and San Francisco, opinions being divided as to aneurism. The patient, however, recovered under vigorous exercise and outdoor life.—*Pacific Med. and Surg. Jour.*

Mutilations as Practiced Among the Australian Aborigines.—Mutilations, especially of the first phalanges of the left hand, are practiced among the natives; circumcision, tattooing—not regular and complete, as in Samoa and New Zealand, but simply in curved lines—are in frequent use. They paint themselves indifferently with yellow, white, and black streaks; blue was unknown among them until the arrival of the Europeans.—*Gabriel Marcel, in the Popular Science Monthly for September.*

THE SURGEON-ANATOMIST.—Dr. Roswell Park, of Chicago (reported in N. Y. Med. Record), before the Illinois State Medical Society, May meeting, exhibited careful dissections of the sheaths of the palmar tendons, describing their arrangement and bearing on surgical operations. He advised the use of anesthetics and a careful dissection of the tissues in opening deep-seated abscesses about the hand or wrist, that permanent injury may be avoided.

THERE'S nothing comparative to a progressive spirit. It would seem from recent announcements that M. Ricord, the great French syphilographer, has, however, distanced competition. He is looking into the other end of the nineteenth century. His observations are to appear before the medical profession in a volume entitled "The Nineteenth Century seen through the Speculum."—*Medical Herald.*

ERRATUM.—In our issue of August 13th, page 76, fifteen lines from the top of the first column, for "The affection rarely," etc., read: "Pelvic *cellulitis* rarely," etc. We must apologize to the author of the ably-written article in question for not earlier calling the attention of our readers to the mistake, which was no fault of his. An overpress of work is our excuse.

DR. MONCORVO, of Rio de Janeiro, presented a paper to the Academy of Medicine on the therapeutic action of *Ficus dolaria.* It is said to be a powerful vermifuge and cathartic, besides possessing digestive properties similar to carica papaya (papaw).—*Le Progrès Médical; translated by L. S. Oppenheimer, M.D.*

IT is related of Skoda that, being summoned on one occasion to see the Empress, he was refused admission on account of his shabby coat. "If Her Majesty desires to see my coat," said he, "I will go home; but if she desires to see me, she will see me as I am." He was admitted.—*Maryland Med. Journal.*

REGISTRATION.—Born, on August 23, 1881, in New Albany, Ind., to the wife of Dr. E. P. Easley, a son. The members of the Third District Medical Society will join the many friends outside of this body who with us congratulate their president elect upon his good fortune. "As arrows in the hand of a mighty man; so are children of the youth."

Selections.

Effect of the Bath-treatment in Scarlet Fever.—D. Manson Fraser, M.A., M.D., in the London Practitioner for July, after describing the bath-treatment of scarlet fever as applied to twenty-one cases in the Metropolitan Fever Hospital, at Homerton, discourses upon the effect of the treatment as follows.

I have tabulated these results under the heads of, (1) the effects on temperature, (2) the effect on the nervous system, etc. By this means, while the results are summarized, they are yet, I hope, sufficiently detailed to give a clear perception of bath-treatment in this fever.

1. *Effects on Temperature.*—In the Homerton Fever Hospital it has been the custom, except in the mild cases, to have the temperature registered every two hours. In conducting the bath-treatment, besides this two-hourly registration, the temperature was taken just before the bath, just after the bath, about half an hour after, and about an hour after. This would appear to give a fairly accurate notion of the course of the temperature as affected by the bath. The fall of the temperature was a never-failing result of the bath. After warm baths the temperature fell 3° to 4° F., but it rose again rapidly, regaining its former height in about one hour. After cold baths the fall was always decided, reaching in some cases even 7°; and it did not regain its former height for three or even six hours. After baths that were cooled during the immersion of the patient the fall was 4° or more, and the rise was rapid; but if the bath was prolonged after it had been cooled—i. e. if it became a cold bath—the effect was more pronounced and lasting. It appeared, however, that in the latter case the fall was not so marked as in cold baths in similar cases, showing apparently that in the causation of the fall the nervous shock plays a part. In enteric fever it is found that the temperature continues to fall for half an hour or even longer after the bath. In scarlet fever this did not occur, whether owing to the character of the pyrexia, or to the age of the patients, I shall not undertake to decide. In the cases of scarlet fever treated the temperature in no instance continued to fall for more than from fifteen to twenty minutes after the bath, and the upward tendency had always set in within half an hour.

2. *Effect on the Nervous System.*—The baths had a decided calmative effect on the nervous system. In every instance save one the bath was followed by cessation of delirium, restlessness, and insomnia, and these gave place to quiet sleep. Sleep generally occurred within a few minutes after the administration of the bath, sometimes in half an hour or slightly longer, and it usually lasted for a period varying from one to three hours. In some instances after this sleep a state of quiet dozing set in; in other cases the patient dozed for an hour or two after the bath, and then fell into a deep sleep. This effect was most pronounced after the administration of the cold, but was still decided after the warm, baths.

Effects on the Circulation.—During the immersion of the patient the pulse became small, thready, almost imperceptible, while it decreased in frequency. The diminution in the number of its beats was generally slight but sometimes decided, reaching to ten and sometimes even to twenty beats per minute. After

the bath the pulse gradually resumed its former quality and frequency.

Effects on Respiration.—While the patient was in the bath the breathing became jerky, interrupted, and panting. After the bath the frequency of respiration as compared with the frequency previous to immersion, was not, as a rule, diminished. In some cases, however, there was a slight diminution, while in one instance the diminution amounted to twelve respirations per minute. On the respiratory tract the effect of the bath seemed upon the whole beneficial. In nearly all cases in which there was cough as a prominent symptom, this cough became alleviated soon after commencement of the treatment. In no case did it originate pulmonary mischief, and in only one case did the pulmonary symptoms become aggravated while it was carried on. But even in this case it is open to doubt whether the aggravation of the symptoms was caused by the baths.

Effects on the Skin, etc.—The eruption is, according to Trousseau, increased by the external application of water. In a few of the cases this seemed to be confirmed, but more extended observation would be necessary to settle the point, which, however, is one of little importance. Desquamation did not seem to be at all affected. Thirst, as Currie had already noted, was diminished, but diarrhea, which Currie found to be checked by the treatment, did not seem to be influenced in the few cases in which it was present.

Effects on Sequelæ.—An account of any treatment of scarlatina must be incomplete without a reference to its bearing on the sequelæ, which so commonly result from this fever. All the sequelæ, therefore, that occurred in the patients submitted to the treatment were carefully watched and recorded. Of the sequelæ, the most important and most frequent are adenitis of the neck (using the term in a general sense), otorrhea, and albuminuria. Of these, adenitis occurred in three cases; in one only was it severe, and in no case did it go on to suppuration, even though suppuration was the usual termination in other cases not so treated. Otorrhea occurred in one case and was of a very mild character. Albuminuria, which, according to Trousseau, occurs ordinarily in about one third of the cases, attacked four of the patients submitted to the bath-treatment, or about one fifth of the total number. In two of these the attack was severe and accompanied by hematuria, and in two there was anasarca. In the fourth—a mild one—the albumen was preceded by the presence of bile in the urine. The presence of albumen in the urine is often preceded by the appearance in it of excess of urates, or sometimes by bile pigment, so that the presence of either of the latter during searlet fever always leads me to expect the onset of albuminuria. Bile pigment, not followed by albumen, appeared in the urine of two cases, and in one this was accompanied by deep jaundice. Besides these common sequelæ there occurred also, in one case rheumatism, transient and localized, while in two there occurred nervous derangements. Thus, out of the total number of cases which were submitted to the bath-treatment, ten, or nearly fifty per cent, were attacked by some one or more of the sequelæ of the diseases. A large proportion apparently, but when the severity of the cases is considered the percentage is probably not larger than occurs after other methods of treatment.

Effects on Mortality.—Of the cases two died. This would give a mortality of about ten per cent. For the year 1880 the percentage mortality of scarlatina at Homerton was eleven, so that as far as the cases so treated show, the bath-treatment has the advantage over other methods. When it is considered that the cases submitted to the treatment were all of a severe type, and included no mild cases, the advantage is seen to be more decidedly on the side of the bath-treatment. The small number of the cases precludes any definite conclusion as to the effect on the mortality of the disease. It may well be expected, however, that a treatment which controls in so marked a degree the two prominent symptoms, viz. high temperature and nervous excitement, will have some beneficial effect on the general mortality of the disease.

In conclusion, although I do not believe that the bath-treatment is a specific for scarlet or any other fever, yet I do regard it as a valuable instrument in combating the disease. Any method of treatment which can reduce temperature and change sleeplessness and delirium into quiet rest, which averts the necessity for the use of the knife, and holds out a hope of the prevention of deafness, ought to have a recognized place in the therapeutics of scarlet fever.

Skin-grafting with Grafts taken from the Dead Subject.—George H. Girdner, M.D., in New York Med. Record of July 20, 1881, reports the following:

Charles Joice, aged ten years, who lives in Morrisania, in June, 1880, while sitting on a door on which there was a steel hinge, was struck by lightning and became comatose, in which condition he remained for several hours. He was brought to Bellevue Hospital and placed under my charge. When his clothing was removed the skin came off his left arm and scapula, leaving a large, raw surface. This surface was treated by different means for some weeks until a healthy granulating surface was obtained all over the affected part.

About this time a healthy young German, who had attempted suicide by cutting his throat, was brought to the hospital and died within a few hours. Six hours after his death I went to the dead-house and removed a portion of the skin from the inner side of the thigh, where there was least hair and the skin most delicate. Having cut this piece of skin into a great many small pieces, I applied them after my own method, which is to apply first, next to the grafted surface, a piece of the green protective used in Lister's dressing; I strap this over the ulcer with ordinary rubber or adhesive plaster, and over the whole throw a roller loosely. The object of the green protective is to prevent the grafts from adhering to the plaster and from being torn off when the dressing is removed. The strapping is simply to make pressure, which must be firm and evenly applied.

After the dressings had remained on for four days they were removed, and after some little discharge had been washed off I had the patient photographed. About one quarter of the grafts had failed to take and were washed off when the wound was cleansed. The remainder have attached themselves to the ulcer, and the lower and central portions of the ulcer on the arm are already covered with a thin, delicate skin as a result of the fusing together of the little islands of skin, each graft serving as a point of departure for the formation of these islands. As in other and similar cases, cicatrization would have doubtless gone

on to complete cure in a short time but for an attack of erysipelatous inflammation, resulting from the low condition of the boy's general health and his exposure to other cases of that disease, which destroyed a large portion of the newly-formed skin, requiring subsequent graftings, but finally resulting in a cure, with much less of contracting cicatricial tissue than is commonly witnessed after recovery from such extensive burns.

Skin and mucous membrane removed from the living in surgical operations have been often used for grafts. But I wish to state here my claim, that the idea of removing skin from the cadaver and grafting it on to the living subject is original with me, and that I was the first to perform this operation, which has since been done many times successfully by other gentlemen. It seems to me that any one who has witnessed, as I have done repeatedly, skin taken from the dead body several hours after death return to life, adhere to a granulating surface, and with surprising rapidity send out prolongations of delicate skin in all directions, covering the surface with a new skin comparatively free from contraction, must agree with me that skin-grafting is in its infancy; and that when men of ability have given it more attention, and found out the possibilities of the proceeding, we may expect to see frightfully contracting cicatrices which follow burns and nævi removed by excision and their places filled with a skin almost as perfect as the surrounding, and which has been moved from the dead or living body of another person.

Case of Chronic Bright's Disease treated by Nitroglycerin.—James C. Cameron, M.D. (Canada Medical Record). records an experience with nitroglycerin in the treatment of a bad case of chronic Bright's disease, which gives hope that this remedy may yet prove of great value in this intractable affection. His patient was a man forty-eight years old, an old soldier and a hard drinker. He had a tubercular deposit in one of his lungs, and had suffered for months with cough and night-sweats, having been the subject of several mild attacks of anasarca during the course of two years. A heavy spree with exposure to cold had brought on an acute congestion of the kidneys. The symptoms of this soon subsided, leaving the urine highly albuminous, with persistent edema in the legs. Under pilocarpin hypodermically employed the edema passed away, the albumen diminished, and the patient was convalescent at the end of a month. A subsequent exposure led to a return of the symptoms, the character of which was graver than before. Jaborandi failed to afford relief, the urine gradually diminished in quantity (eight ounces only having been passed in twenty-four hours), the albumen was increased, and uremic symptoms presented themselves. Ordinary methods of treatment proved ineffectual, and Dr. C. resolved to try nitroglycerin. He used a one-per-cent alcoholic solution of the drug, giving it in doses of one drop in syrup of tolu every four hours. He began treatment on December 12, 1880, and after three days increased the dose to two minims. In four days the patient was better and passed thirty-five ounces of urine. On the 19th muriated tincture of iron (twenty minims) was added to each dose. On the 26th the dose was increased by one minim, and by the 29th the edema was so far diminished that the mixture was given less frequently. New Year's day the patient was able to sit up and dine with his family; that day he voided forty-nine ounces of urine. On January 10th the mixture was reduced to three doses daily, and on the 15th the patient was so much better that it was discontinued, and digitalis substituted, the iron being continued. This disagreed with the patient's stomach, and on the 22d nitroglycerin with iron was resumed. The edema slowly disappeared as the urine increased in quantity, until on February 14th it was entirely away. That day he passed one hundred ounces of urine. The nitroglycerin was then stopped and the iron continued; but the patient grew weaker, vomiting set in, diarrhea appeared, the urine decreased in quantity, and the albumen increased until total suppression with death ended the case.

Dr. C., in reviewing the case, states that after the first month it was hopeless, and the treatment was palliative; but believes that life was prolonged for nearly two months by the nitroglycerin. It daily increased the amount of urine and reduced the *relative* amount of albumen without much affecting the *absolute* amount. The edema and labored breathing were relieved by its use, and the pulse rendered softer and less corded. He is convinced that in certain conditions nitroglycerin is a valuable remedy in the treatment of chronic Bright's disease, and may be administered with safety and without unpleasant symptoms for a considerable length of time.

General Remarks on the Treatment of Spermatorrhea.—S. W. Gross, A.M., M.D., Practical Treatise on Impotence and Sterility, Philadelphia, Henry C. Lea's Son & Co., 1881:

In all cases of seminal incontinence, with rare exceptions, the remedies at the onset should be directed to overcoming the sensibility of the mucous membrane of the urethra, of the ejaculatory ducts, and of the seminal vesicles; to subduing the irritability of the muscles concerned in ejaculation; and to diminish the reflex excitability of the genito-spinal center. Hence, they should be of a calming and sedative nature. By the ignorant and indiscriminate employment of strychnia, cantharides, phosphorus, damiana, and cold sitz-baths or affusions during the stage of hyperesthesia, much harm is done and the therapeutics of spermatorrhea are brought into disrepute.

Premising the statement that tonic should follow the sedative plan of treatment, I will now give an outline of my view as to the best management of the varieties of the affection:

Under all circumstances thirty grains of bromide of potassium, along with about ten drops of the fluid extract of gelsemium (Bartholow), every eight hours, and one sixtieth of a grain of sulphate of atropia (Rosenthal) on retiring, are worth all the other internal remedies combined. In anemic subjects the bromide may be administered at night and quinine and iron be exhibited during the day; but if the bromide be badly borne, it should be guarded (or its cumulative action must be prevented by promoting its excretion by the urine by combining it with a diuretic, as ten grains of nitrate or bitartrate of potassa (Rosenthal). This combination is far better than that with Fowler's solution, which is advised by Gowers and Bartholow), or it may be replaced by twenty grains of chloral. Not only does atropia diminish reflex mobility of the genito-spinal center, but the recent researches of Kenchel, Heidenhain, and Stricker and Spiner show that it paralyzes the movements of the cells of the acinous glands and checks their secretion, so that it can not be dispensed with.

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J. W. HOLLAND, A. M., M. D., ... Editor.
H. A. COTTELL, M. D., . . . Managing Editor.

A DISTINCTION WITHOUT A DIFFERENCE.

Medical journalism is at a low ebb when respectable (?) journals can be bought by an advertisement. We notice that a large number of our July exchanges contain editorial puffs of various pharmaceutical preparations. These notices are written at the demand of manufacturers, and to insert them as editorial or reading-matter is an imposition on subscribers. Any editor who prostitutes his journal in such a manner is both dishonest and dishonorable. Put that in your pipe and smoke it.—*Mississippi Valley Med. Monthly, July*, 1881.

The Clinic would respond to this blow given *it*, among others, by this sanctimonious and spotless journal, by saying, for its own vindication, that it has ever been as careful to keep its advertising pages as pure as its reading or editorial pages, and it has striven to keep both free from the inroads of swindlers and scoundrels. It has been our custom to take respectable and responsible advertisements *only*, and after taking such we have always endeavored to do them all the good we could by editorially noticing them and calling the attention of the profession to them. We think this is the part of consistency, and shall ever do so, and we make no secret of our efforts in this direction.

So much for the Southern Clinic and its dishonorable and dishonest editor. Now for the pure and honest editor of the Mississippi Valley Med. Monthly, who sees so much to condemn in his brother editors. We find in his journal for July, on *advertising page* No. 17, an advertisement of "True & Co.," Augusta, Me.; also, on page 18, an advertisement of "Stinson & Co.," Portland, Me., and one of "H. Hallet & Co., Portland, Me. Now these men are a set of swindling scoundrels, as any one may see by reading the subject-matter of their advertisements carried in the above journal; and when an editor wedges in such disreputable advertisements among other honorable advertisers, who do a legitimate business, we feel that "he imposes upon his subscribers in quite a dishonest and dishonorable manner." If the editor of the M. V. M. Monthly doubts the character of "H. Hallet & Co." or "Stinson & Co." or "True & Co.," we would politely refer him to their record in the June number of the Agent's Herald, published by L. Lum. Smith, Esq., Philadelphia, Pa.—*Southern Clinic, August*, 1881.

We read the article thus commented on when it first appeared, and proceeded at once to put the stuff provided by our young cotemporary into our "pipe." After a whiff or two we experienced a qualm that led us to suspect the genuineness of the matter undergoing incineration, but being in good company we controlled our stomach and strove to wear off the nausea. The above inquiry of the Southern Clinic into the quality of the pastil prescribed by the Mississippi Valley Medical Monthly, however, induced us to make a closer examination, when the rottenness of the material became apparent.

The point made by the Southern Clinic is a good one; but if "the dishonest and dishonorable" editor of that journal, together with many other unhung American miscreants, the names of whose journals may be found upon our exchange-list—to say nothing of the foreign scoundrels who edit the British Medical Journal, the London Lancet, the Medical Times and Gazette, and the Medical Press and Circular—will join our simoniacal selves in an inspection of the last page of reading-matter in the July issue of the Mississippi Valley Medical Monthly, they will be startled by finding copied from other journals specimens of the very kind of notices which our virtuous cotemporary so vehemently condemns. We admit that

both of the preparations there named are excellent, and deserve all the praise which this or any other journal can give them; but will our brother of the M. V. M. M. lay his hand on his heart and swear that these notices were not originally written at the request of the manufacturers and quoted by him also at their request? They are inserted (in small type, 't is true) upon the last page of reading-matter in his journal; but their headings are in large capitals, present a fine appearance, and are obviously intended to call attention to two very praiseworthy preparations, to each of which is devoted a page of the M. V. M. M.'s advertiser, the first being page 2 and the second page 14.

The spirit of virtuous indignation which scorns the rascally editors who write such notices in the interest of their advertisers, while the man who possesses and makes such unwonted parade of it allows certain of the same notices to pollute a page of the reading-matter of his own journal, is, we confess, too refined for us, in our present state of editorial degradation, to comprehend or appreciate. Truly in this we see "a second Daniel come to judgment."

"JOURNALISTIC SENILE DEMENTIA" is a new affection brought to light by the Chicago Medical Review. The Review claims that this psychosis is spreading among medical editors, and manifests itself in a tendency to appropriate property with the idea of borrowing the same, the borrower forgetting to give due credit to the lender.

The only case of the disease so far reported by the Review developed in the person of the editor of the Cincinnati Lancet and Clinic, who showed unmistakable symptoms of this alarming affection by appropriating two editorials of the Review of July 20th without credit. No doubt it will be generally conceded that the conclusions of the Review are well borne out by the history of the case. That the editor of any other journal should reprint an editorial of the Review's under any circumstances, even though its origin were duly indicated, might be taken as symptomatic of mental aberration (and we must admit that we have occasionally given evidence of this state, as the files of the NEWS too sadly show); but that he should fail to credit the source, thus leaving his readers to accept the article as his own, is clearly pathognomonic of serious cerebral disease.

Original.

A MARITIME CLIMATE.

BY J. W. HOLLAND, M.D.
Professor of Diseases of the Nervous System, University of Louisville.

If this article shall give undue consequence to things maritime, let the reader set it down to the fact that the writer has hitherto been a benighted landlubber, and these things have for him the charm of novelty. A more expressive phrase than landlubber was used the other day by old Capt. P., of Sconset, Island of Nantucket, a retired whaleman, when in response to some very *fresh* question he inquired if I was not "from fresh water." Though he now plows the land at eighty-three years, until he was forty-five he plowed the water, and he still looks on persons and things as being essentially related to some kind of water. When petroleum first and Captain Semmes next played havoc with the whale-fishery, Nantucket ceased to figure in the world's business, and so today the few men who remain at home live on their earnings or eke out a scanty subsistence from bluefishing in summer, codfishing in the fall, and pursuits bucolical as the seasons favor. Hence the incongruity of Capt. P.'s conversation, when as a farmer he directed me to a hay-field which was reached by a road going "one knot west'ard and three knots nor'ard."

Farming, except in a few spots, is scarcely more profitable upon this island than whalefishing, as the soil is every where sand, with a thin crust, in which the heather and dwarf oak have a precarious foothold. To plow it is to put this precious layer at the mercy of the winds that sweep it constantly, unless the field be protected or weighted by the *kelp*, a fertilizer which nature offers as poor compensation for the barren soil.

While the island has the agricultural defects of a wind-swept sand-bar, it has for the summer boarder charms inherent in its qualities. The deep sandy soil insures the best of drainage; the poor results from cultivation have ended in leaving much the larger part as heathery moorland, fenceless and fragrant. As for the breezes, no one flying from a sultry inland summer would complain if they disturb every inch of arable land, provided they leave a foothold for the flowery turf to blossom on and for the tourist to enjoy the gusty sea-scented air. For three weeks the thermometer in the shade has not indicated more than eighty degrees, and rarely that. Meanwhile we have read with sympathy for the "stay-at-homes" that you have had several torrid waves, one day the signal service reporting 105° at Louisville. In the middle of August we have had to change to heavier underwear and overcoats, while with you the register was daily in the nineties.

The remarkable coolness of Nantucket is of course due to its being sea-girt. Thirty miles from the mainland, and with an average width of three and a half miles, it is exempt from the hot and enervating land-breezes which at Long Branch and Ocean Grove last week sent the mercury above a hundred. All the winds either blow from the open sea, or, if they come from the direction of the continent, suffer a refreshing "sea-change" before they strike us. In effect, while here you experience all the benefits of a sea-voyage without its danger and other drawbacks. This is what you would expect from the position of the island, standing off the jutting peninsula of Cape Cod, and is testified to by more than one old sailor, who with his "walk" atop his house for a quarter-deck, and his glass sweeping a watery horizon on all sides, can take his comfort without missing overmuch the free ocean, the large expanse of air, and the briny taste on his lips.

What Dr. H. Curtis, of New York, wrote in the Med. Record in favor of Block Island as a summer resort applies with greater force to Nantucket, which has a climate more maritime than any of the resorts along shore or on the islands off the New England coast. In several spots a layer of blue clay holds the surface water in ponds, which as they dry may be the source of malaria in the fall after a hot summer; but even under these unusual conditions the danger to health is not great, for the winds will not suffer the miasms to develop long, but blow them away over the purifying water. The limit to which malaria can carry its powers over water has been fixed by some at one, by others at five miles, so we have nothing to fear from the malarial invasion into the Connecticut and other neighboring valleys which has been much chronicled of late. Upon theoretical grounds you would say this is the very refuge for the ague-stricken of our western region. It has a wide reputation in the Eastern States as a summer resort for this class, and deserves to be better known in the interior. From my personal experience and some observation of its influence upon others, I am satisfied that it is very helpful for all the protean forms of the malarial cachexia; and in this respect, for some persons, superior to any resort of mountain or lake or mineral spring that the continent can furnish.

The physiological train induced by it in most visitors, though not in all, is drowsiness, great increase of appetite with heightened digestive power, and a sense of wellbeing for which there is no adequate expression. You will see men of active intellect make a few ineffectual attempts to prove their powers before company, and then sweetly succumb to a state of gentle dullness which lapses into sleep at the first opportunity. One is content with the "*dolce far niente*," and for a time at least easily unseats the industrial conscience which at home is in the saddle and drives us with whip and spur. The intellect is enveloped in a poultice that allays its fever and soothes its fretted nerves. A poetical friend, who was a newcomer, explained this action by the theory that "This air contains the volatile essence of poppy, mandragora, and all the drowsy syrups of the world." This satisfies the imagination to some degree, though as a scientific explanation it is hardly up to the mark.

The improvement in the digestive process has been strikingly exhibited in several cases of chronic dyspepsia under my eye. One unfortunate whose dainty stomach had forced him to forswear shellfish of all kinds except the liver of the oyster which Roberts has shown will digest itself, disposed of two portions of chowder, lobster salad, corn, and huckleberry pudding, and did not shrink from his share of the baked clams served two hours later. The native loves to eat, and when whale-fishing was at its prime, and times were flush, the envious and frugal neighbor on Cape Cod was wont to stigmatize the Nantucketers in vigorous Saxon as "stuffguts."

In making up the sense of wellbeing to

which I have referred, personal tastes have much to do. I doubt if the restful life we live would satisfy the votary of fashion who finds Newport and Long Branch more to his fancy. A month can be put in very agreeably by spending one week in the town where a long harbor gives great facility for safe sailing and rowing and still-water bathing; while the architecture and traditions indicating a vanished prosperity give occupation to those of an inquiring turn. The rich citizens of the town were wont to spend their summers in cottages at the village of Sconset, which is across the island. It is more breezy here on the bluff whose base is washed by billows that have free play as far as Spain; and to this spot the tourist seeking rest and strength would do well to hie. Sconset is a small fishing hamlet on a cliff looking out eastward to the deep sea. It has cottages to let for the summer and good hotels open during the season. There is no harbor here, and therefore no sailing; though bluefishing and sharking may be practiced by those not indifferent to the pleasure of angling. The chief event of the day is the bath at noon. A fine surf, in water warmed by the gulf-stream, and many bathers in their motley suits make great sport for themselves and the lookers-on. The tonic virtues of the sea-bath are sufficiently known, but I had not been informed of the keen appetite it excites. Buffeting the waves is good exercise to whet the appetite, and beside this the sea appears to impart its own voracity not only to the cormorant that lives in its air, but to the bather whose nature, in this respect, I am satisfied, is not so much different from that of the sea-bird as inexperienced people suppose. The low hills and a heath blooming with a flora numerous and beautiful invite the rambler to excursions inland, either afoot or in the box-wagon—a primitive but suitable conveyance which can be hired at small expense.

But it is to the sea we turn with a delight which knows no satiety. From the firm land we can enjoy without discomfort every phase of its beauty, smiling or awful, which the winds and tides excite in it. From my window I can see it to the verge of the horizon, broad and free, sparkling and dancing in the sun, its bosom heaving with billows which surge to the shore and end below the cliff in a surf out of sight but whose moaning and low thunder reach me by day and night. A short walk brings us to the reefs, where till the dinner-bell sounds we can sit without tedium, watching the breakers with curving crest and flying mane like mad racers dash themselves in ruin against the goal. The sandy beach is molded into hollows and convexities that change hourly, while each receding wave marks its graceful sweep with a new arc of seaweed. Old ocean forever the same thus renews itself forever. Far out the eye of today sees with the vision of old Homer the truth and grace of his metaphor in describing the flight of Hermes:

"As a sea-gull fishing skims its way
Over the seedless fields where none may reap,
Wetting its white wings with puffs of spray,
So went the God, breathing the breeze and brine."

Amid these surroundings there is a sense of existence deeper and more pleasing than any afforded by the crowded city. If one is "run down" the gain in strength is appreciable day by day to such a degree as to justify a speculation that it is only by the seashore that a man can expect to find his life most worth living. It is at least a working hypothesis for the jaded man of affairs or the jaundiced victim of malaria good enough to warrant his passing his vacation here. When the winter's work is over and spring languors have further drained away the energies, I know more than one dweller in a western city who will long for a summer retreat to this genial climate.

NANTUCKET ISLAND, August 29, 1881.

Correspondence.

LONDON LETTER.

Editors Louisville Medical News:

Though under promise to several of your contemporaries, yet an abiding affection for Kentucky, Kentucky institutions, and, *inter nos*, a Kentucky woman, prompts me to impose my earliest European observations on a Kentucky journal. And now to plunge in *medias res*.

The 12th day of June found me loitering in London, where I remained only ten days. The days were so few and the sights so many that I left the great metropolis with only a confused idea of things, and in a literally dazed condition. Hospitals, museums, art galleries, theaters, etc., etc., *ad infinitum*, swam before me in one great conglomerated mass, and with aching head and eyes congested, heavy, and tired I started for the Continent. Another ten days given to Paris and I was thoroughly "done for."

July was spent at those justly celebrated thermal stations of "La belle France," Royat and Vichy, where I was afforded every opportunity of observing the application of their waters to disease. My impressions are reserved for a future communication. At Royat I was fortunate in meeting Dr. Aimè Martin, Senior Surgeon to St. Lazare Hospital (Paris), who, not a great while ago, made quite a little stir in the Paris Academy of Medicine by claiming for the sulphate of copper virtues greater than those of mercury in the treatment of syphilis. The following are the main points elicited from an interview with him:

1. "The drug is administered in solution with distilled water; the dose being two and one half milligrams, or about one twentieth of a grain, thrice daily, and gradually increased to one third of a grain.

2. "It appears to act more rapidly than mercury and is generally well borne.

3. "The green line on the gums appears at the end of the fifth or sixth week in about one fifth of the cases treated.

4. "It has been tried by him at the Saint Lazare Hospital in more than one hundred cases, and in private practice in twenty-five, *without disappointment.*

5. "It has no action except in secondaries.

6. "He has tried without effect the salts of tin, cadmium, uranium, and many others."

Personally I have known this remedy to be used but once in America, and that in a patient of Dr. J. M. Keller's at Hot Springs. Ark., the case being one in which mercury was not well borne, and copper was substituted with excellent effect. Secondary symptoms rapidly disappeared, and at the end of ten weeks the patient returned to his home in Mexico with instructions to continue the remedy for one year, at the end of which time he was to have reported.

On the first day of August I returned to London, and was duly registered as one of the thirty-two hundred and ten members of the International Medical Congress; and if you expect me to report any thing new or of a startlingly sensational character, all that I can say is that your expectations are builded upon sandy soil; but as a body of workers it was an unprecedented success, as you will readlly agree when I tell you that in the week there were held one hundred and nineteen sectional meetings, at which four hundred and sixty-four papers were read and three hundred and sixty-four spoken addresses delivered. Add to this the daily general meetings and their addresses, visits to hospitals, museums, and social festivities, not to mention a host of other things, and I submit that you have something tremendous. America was largely represented and as largely ignored—not even a place upon the large rostrum having been reserved for some one of the several ex-presidents of the American Medical Association present.

Of the papers read I should rank first those of Huxley, Virchow, and Billings, in the order named. The first-named created quite a little breeze by boldly announcing that practical medicine was up to the present day purely empirical.

In the Surgical Section an animated discussion arose upon "Listerism," and it has been generally claimed that Mr. Lister's speech was a general recantation, which sounded the death-knell of his pet theory. My time being occupied in the Throat and Skin sections, I was unfortunately prevented hearing this interesting discussion. I find, though, that Listerism is rapidly falling into disuse in London, while not a few are adopting the absolutely *dry* dressing, with closer attention to *general* as well as local hygienic surroundings. A notable advocate of the "dry dressing" is Mr. Gant, Senior Surgeon to the "Royal Free," with whom I have seen several interesting cases—one an excision of the knee-joint. The operation was made just three weeks ago. The dressing was removed upon the third day, and the last three silver sutures on the seventeenth. Primary union was obtained throughout the entire extent, with the exception of about an inch. Mr. Gant has performed this operation fifty-four times, with three deaths—two as the immediate result of the operation and one from tetanus.

The Congress adjourned, with the usual "resolutions," without definitely settling on the next point of meeting.

The hospital clinics are quite full, and my next shall be of the more interesting.

LONDON, August 23, 1881. J. IRVIN KELLER.

Editors Louisville Medical News:

The Seventh Annual Meeting of the Indiana, Illinois, and Kentucky Tri-State Medical Society will be held in the city of St. Louis, Mo., Tuesday, Wednesday, and Thursday, October 25, 26, and 27, 1881. The profession of the Mississippi Valley is cordially invited to attend. G. W. BURTON, *Sec'y.*

MITCHELL, IND., August 18, 1881.

Clinical Lectures.

DIARRHEA IN INFANTS.

BY WM. T. PLANT, M.D.

Professor of Diseases of Children in Syracuse University, Syracuse, N.Y.

[Original.]

Gentlemen: No subject connected with the diseases of children can lay better claim to thorough study at your hands than the one we take up today. No other malady occasions so much mortality among infants. From the mortuary records of this city (Syracuse) I find that during the months of July, August, and September, 1880, out of eighty-nine deaths of children under three years of age, forty-one, or nearly one half, occurred from diarrheal diseases.

CAUSES.

In considering the causes of intestinal fluxes it is to be remembered that the infant is predisposed through the active evolution that is taking place in all parts of the alimentary canal; for here, as elsewhere, susceptibility to morbid action is proportionate to physiological activity.

The exciting causes are various; one principal cause is hot weather. The disease is infrequent in winter, but so common in summer that it is called "summer complaint." It prevails most in the warmest months; these with us are July, August, and September. The mortuary returns from the large cities show an increase of infant mortality with every accession of extreme heat.

Prominent among the causative agencies are dietetic imprudences. Food unsuitable in quality, excessive in quantity, or given too frequently—these are prolific sources of summer sickness in children. Too many toothless infants are fed like children; too many children are fed with food suitable only for adults.

Exposure to cold when heated may also occasion intestinal hyperemia and flux. This is often seen in the sudden changes from very warm to cool weather. The surface becoming chilled, its capillaries contract and drive the blood inward. As a consequence the intestinal mucous membrane becomes hyperemic. In this instance a moderate diarrhea is salutary — nature's remedy for congestion.

Impure air is another frequent cause. Children reared in dwellings, whether hut or palace, that receive the effluvia from cess-pools and vaults and untrapped sewers, are in danger. The air of basements is apt to be damp and noxious. Whatever tends to vitiate the atmosphere that surrounds the child, predisposes to this disorder. This is one though not the sole reason why diarrhea is so much more prevalent and fatal in the city than in the country. I think it is very often chargeable to the personal and domiciliary uncleanness that characterizes the larger part of the foreign-born population of our cities. Children as well as adults who live over low and undrained soil are liable to persistent diarrhea in warm weather.

Almost any irritation or strong impression may by reflex nervous influence act on the intestine and cause a flux. A scald of the surface has often brought on diarrhea. The same is true of strong emotions, especially of a depressing nature. We hear of children being scared into fits; not less often are they scared into this other trouble. Dentition affords a striking example of the power of reflected nervous impressions. Few children cut all their temporary teeth without some attendant looseness of the bowels. Mothers learn to dread the advent of teeth in hot weather. It seems to be a popular notion that a sharp diarrhea is a normal and necessary accompaniment to dentition, and ought not to be interfered with. I think this may be true to this extent—that a slight increase in the number of evacuations may lessen the hyperemia of the gums and the nervous erethism—but the practitioner must not forget that profuse discharges will exhaust a child and endanger its life as speedily from this as from any other cause.

Then, lastly, diarrhea is a frequent attendant or sequence of other diseases. Often under these circumstances it is salutary in its effects, marking a decline in the disease, and is not to be hastily interfered with.

SYMPTOMS AND COURSE.

From the length of the intestinal tube and the somewhat varied structure and functions of its different parts you would naturally expect some diversity in symptoms according as one part or another part or all parts are involved in the disease. And so we find it. It is convenient therefore to speak of the disease as existing under different forms. But I would have you remember that these distinctions are somewhat arbitrary; that the milder forms, involving perhaps but a limited portion of the intestine, may and often do pass into severer forms in which the tube may be affected in its entire length.

All authors speak of *simple diarrhea.* In this form there is not much departure at first from the normal character of the discharges. They are or soon become something thinner than usual, and they may be greenish in color. Often in infants they are flecked with numerous bits of white, the casein of undigested milk. This would suggest trouble primarily at the stomach, since it is in that organ that the albuminous principles are digested. Usually the evacuations are acid, as they are apt to be indeed in the other forms of diarrhea. I beg you to make a note of this last fact for your guidance in practice. The child does not seem to be very ill. It is probably less playful than is its wont; it is rather fretful; its countenance is pale. It may cry out now and then and draw up its legs from gripings in the abdomen. Often there is some nausea. The appetite, if not at first impaired, soon becomes so. Thirst is always present, and is proportioned to the amount of fluid carried off by the bowels. The urine is scanty; it may be almost suppressed since the intestine has taken up for the nonce the work of the kidneys as a water-carrier. If the flux continues for more than a day or two, the look of health is lost; the face becomes haggard, the eyes sunken, and the skin dry. The number of stools varies greatly. There may be scarcely more than in health, or there may be a score or more through the day.

Such is simple diarrhea. The prognosis is favorable as long as it retains its simple character; much less so if it merges in the form next to be described —namely:

INFLAMMATORY DIARRHEA.

In this the mucous lining of the intestine is not only hyperemic, as in the simple form, it is something more; it is actually and actively inflamed. This kind of flux may be inflammatory from the first, or it may have its origin in the milder form. The transition from one form to the other in not definitely marked.

When the disease is fully developed the symptoms are decided and severe. There is fever, shown by frequent pulse and high temperature. The discharges are variable in consistency and color, but are much thinner than in health. If slimy and streaked with blood, it is significant of inflammation somewhere in the large intestine—of colitis. It is of some consequence to notice the odor of the evacuations. In some cases they are odorless. Generally there is an offensive, sour smell. This may be so strong as to diffuse itself through the room and even through the entire house. If the discharges have a cadaveric smell, like that of a dead body in which putrefactive processes have begun, it indicates serious disease and probable death of some portion of mucous membrane.

In this form of bowel-trouble the appetite is early lost and the thirst becomes very distressing. There is usually some griping pain in the abdomen. Often the skin in the cleft of the nates and over the buttocks becomes tender and inflamed from the acridity of the discharges and inattention to cleanliness. Before long vomiting sets in. This is an unwelcome symptom, because it interferes with treatment and increases the debility. The matters vomited, like the stools, are likely to be over-acid.

The disorder continuing, the child emaciates rapidly. The eyes appear sunken; the cheeks fall in; the freshness and plumpness of babyhood are lost; the skin becomes dry and wrinkled; the muscles lose their tonicity and become flaccid; the voice is weak and plaintive. The flies, always attracted by this disease, light upon the face and even the eyelids without exciting the attention of the feeble and spiritless child.

The head shares in the general waste and emaciation. If the cranial bones are still ununited, they sink down on the atrophied brain, so that the scalp, too large for its shrunken contents, lies in wrinkles. The little one has lost all those ways and looks that make a baby pretty, and has become a pitiable and almost a repulsive object.

Soon, if there is no improvement, symptoms of cerebral anemia are observed, such as constant movement of the head, boring the occiput into the pillow, clutching at the scalp and face with the hands, and paroxysms of distressful crying.

The greater or less severity of the disease will depend much upon the extent of intestine involved; yet it is not easy to say whether the inflammation is limited to the small intestine or to the large, or whether it involves both, although in colitis we may expect to see more consistency to the discharges, which are not seldom streaked with blood. As a matter of fact, post-mortem examinations have shown that the inflammation often involves a portion of both small and large intestine; the latter especially very rarely escapes. Its first division, the cecum, is more frequently affected than any other part.

This form of diarrhea may be of short or long duration. Often it lasts through most of the hot weather, improving and relapsing by turns, until the infant finally dies of exhaustion, or, with the advent of cooler weather, begins a steady march toward recovery. But quite as often perhaps the disease does not halt, but grows worse day by day until death occurs after one or two or three weeks. This is the form of diarrhea which makes such havoc with the infant population every summer. If you can find out how to handle it successfully, it will be one of the most valuable acquisitions of your student-life.

Books and Pamphlets.

COULSON ON THE DISEASES OF THE BLADDER AND PROSTATE GLAND (WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS). Sixth edition. Revised by W. J. Coulson, F.R.C.S., Surgeon to St. Peter's Hospital for Stone, etc., and Surgeon to the Lock Hospital. New York: Wm. Wood & Co. 1881.

PUBLIC HEALTH: Papers and Reports, Vol. VI, presented at the Eighth Annual Meeting of the American Public Health Association, New Orleans, La., December 7–10, 1880. With an Abstract of the Record of the Proceedings. Boston: Franklin Press, Rand, Avery & Co. 1881.

FIRST ANNUAL REPORT OF THE ASTRONOMER IN CHARGE OF THE HOROLOGICAL AND THERMOMETRIC BUREAUS OF THE WINCHESTER OBSERVATORY OF YALE COLLEGE, 1880–1881. Presented to the Board of Managers at their meeting, June 3, 1881, by Leonard Waldo. New Haven: Tuttle, Moorehouse & Taylor, printers. 1881.

POST-PARTUM ATROPHY OF THE UTERUS. By Walter Coles, M.D., Consulting Physician to the St. Ann's Lying-in Asylum, St. Louis. Read before the St. Louis Obstetrical and Gynecological Society, May 19, 1881. Reprint from St. Louis Courier of Medicine, August, 1881. St. Louis, Mo.: J. H. Chambers & Co., 401–405 Locust Street. 1881.

A TREATISE ON DISEASES OF THE JOINTS (WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS, 1881). By Richard Barwell, F.R.C.S., Senior Surgeon and Lecturer on Surgery, Charing Cross Hospital. Illustrated by numerous engravings upon wood. Second edition, revised and much enlarged. New York: Wm. Wood & Co., 27 Great Jones Street. 1881.

A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL, IN TREATISES BY VARIOUS AUTHORS. Edited by T. Holmes, M.A. Cantab., Surgeon and Lecturer on Surgery at St. George's Hospital, Membre Correspondent de la Société de Chirurgie de Paris. First American from second English edition, thoroughly revised and much enlarged, by J. H. Packard, A.M., M.D., Surgeon to the Episcopal and St. Joseph Hospitals, Philadelphia, assisted by a large corps of the most eminent American surgeons. In three volumes, with many illustrations. Vol. I: General Pathology; Morbid Processes; Injuries in General; Complications of Injuries; Injuries of Regions. *Pro sunt quae omnibus.* Philadelphia: Henry C. Lea's Son & Co. 1881.

CLINICAL LECTURES ON THE DISEASES OF OLD AGE (WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS). By J. M. Charcot, M.D., Professor in the Faculty of Medicine, Paris; Physician to Saltpêtrière; Member of the Academy of Medicine, of the Clinical Society of London, of the Clinical Society of Buda-Pesth, of the Society of Natural Sciences; President of the Anatomical Society, etc. Translated by Leigh H. Hunt, B.Sc., M.D., Laboratory Instructor in the Medical Department, University of the City of New York. With additional lectures by Alfred L. Loomis, M.D., Professor of Pathology and Practical Medicine in the Medical Department University of the City of New York; Consulting Physician to Charity Hospital, to the Bureau of Outdoor Relief, to the Central Dispensary; Visiting Physician to Bellevue Hospital, to Mount Sinai Hospital, etc. New York: Wm. Wood & Co. 1881.

Formulary.

SYRUP OF CHLORAL.

It is a difficult matter to cover the acrid taste of chloral, but I have found this difficulty overcome to a considerable extent in the formula here given, viz:

℞ Chloral hyd. cryst..... ℈iv; 5.33 Gm.;
Aquæ menth. pip..... fl.℥iij; 12.00 fl.Gm.;
Curacoa cordial..... fl.℥iv; 16.00 "
Syrup acaciæ, q. s. ut ft.. fl.℥ij; 60.00 "

—*R. F. Fairthorne, Ph.G., in American Journal of Pharmacy.*

PERSCHNE'S EMULSION OF CASTOR OIL.

This emulsion (*Pharm. Zeitsch. f. Russl.;* Amer. Jour. Pharm.) consists of—

Castor oil..... ℥ss; 15.00 fl.Gm.;
mixed with the yelk of one egg;
Water..... ℥xjss; 50.00 "
Brandy or sherry wine... ℥ijss; 10.00 "

M. This is to be taken in lemonade.

SIMPLE REMEDY FOR CHAFE (PROF. H. C. WOOD).

Bathe the parts well in tepid water, dry well with soft cloths, and apply, by means of a soft sponge or cloth, the following:

℞ Zinci acetatis..... gr. xv; 1.00 Gm.;
Morphiæ acetatis..... gr. ij; 0.12 "
Glycerin..... } āā fl.℥ij; 60.00 fl.Gm.;
Aq. rosæ..... }

M. ft. sol. Sig. Apply to chafed parts twice or thrice a day.

TAENIFUGE FOR CHILDREN.

Dr. Cadenburg recommends the following (all by weight):

Pumpkin-seeds (shells removed) ℥j; 30.00 Gm;
Water..... gr. xlvj; 3.00 "

Beat up the seeds with the water into a pulpy mass and mix with—

Honey..... ℥j; 30.00 Gm.

This should be taken in the morning in two doses, to be followed after several hours by half an ounce (fifteen grams) of castor oil.—*Phar. Centralle; Am. Jour. Pharm.*

CURE FOR RINGWORM (MORRIS).

Thymol..... 0.5 to 1.00 part;
Chloroform..... 4.00 parts;
Olive oil..... 12.00 "

M. The thymol destroys the fungus, the oil prevents irritation and rapid evaporation, while chloroform facilitates absorption of the active ingredient by acting upon the sebaceous glands.

ADMINISTRATION OF QUINIA.

Dr. J. C. Stockhard (*Bull. Gén. de Thérap.;* Amer. Jour. Pharm.) employs the following method for disguising the taste of quinia: He beats up the white of an egg and puts a portion of the resulting foam on a spoon, when the quinia powder may be enveloped in this albumen and readily taken.

HOOPING-COUGH.

Mr. C. J. Evans (Northampton) says that in a somewhat large dispensary practice he has found the best results attend the employment of belladonna and hydrocyanic acid, as in the subjoined prescription, especially during the spasmodic stage of the disease. He has not found it necessary to recommend any special form of diet. He prescribes—

℞ Potassæ nitratis..... gr. v; 0.30 Gm.;
Vini ipecacuan..... ♏ v; 0.30 fl.Gm.;
Liq. ammoniæ acetatis... ℥ss; 2.00 "
Tinct. belladonnæ..... ♏iv; 0.24 "
Acid. hydrocyanici dil... ♏ij; 0.12 "
Aquam, ad..... ℥ss; 15.00 "

This is for a child three years and upward; one to two teaspoonfuls under that age.—*British Med. Journal, June 25th.*

Pharmaceutical.

WHAT IS TONGA?—According to the American Journal of Pharmacy this new "Figian remedy for neuralgia" consists of two plants. One, called by the natives "aro," is *Premna taitensis*, D. C., nat. ord. Verbenaceæ. In open dry places it is shrubby, and flowers in this state; but near the water-courses it becomes à tall tree, the timber of which is used in building. The other plant, known as "nai yalu" or "walu," is *Raphiodophora vitiensis*, Seemann, nat. ord. Aracea. It is a creeper with a stem of the size of a quill, under favorable conditions it becomes a climbing plant when its stem acquires an inch in diameter. The second ingredient of tonga is scraped from the stems of this plant.

[Tonga was introduced into this country through the enterprise of Messrs. Parke, Davis & Co., and a number of eminent practitioners bear witness to its value as a remedy in neuralgic affections. A fluid extract can be obtained from the above-named manufacturing chemists.—ED. MED. NEWS.]

MULUNGA BARK (*Erythrina coralloden-dron*) is a large leguminous tree growing in the north of Brazil, where it bears the name of "mulunga" (New Remedies). In its native country the bark is popularly used as a sedative and hypnotic, under the form of a decoction, tincture, or extract. Mr. Bochefontaine (*Comptes Rend.*) has found in it a substance presenting some of the characteristics of an alkaloid which he has provisionally named erethrina. Physiological experiments by the hypodermic injection of the aqueous liquid show that it has the power to diminish or abolish the normal function of the nerve-centers. The experimenter concludes that the sedative properties attributed to the bark in Brazil are due to the alkaloid it contains.

Miscellany.

CENTER OF POPULATION OF THE UNITED STATES—"Westward the star of empire takes its way."—The Popular Science Monthly says that the center of population of the United States appears now to have reached a point in latitude 39° 03′, about five miles west of Covington, Ky., ten miles east of the boundary line between Indiana and Ohio, and fifty-one miles west and a few miles south of the point it reached in 1870. It has moved west about four hundred and fifty miles since 1790.

It is interesting to note that this westward march of empire is at an average rate of about five miles a year, and that this snail-like pace has not been much quickened by free railroad communication and the consequent settling up of vast regions of western territory. At this rate Louisville, or its meridian, will hardly be reached in eleven years; while Saint Louis will have to wait about sixty-one years before she can claim the coveted honor of being in every sense of the word the central city of the republic.

SANITARY RULES FOR PUBLIC BUILDINGS.—The following rules, which have been officially promulgated in England for the construction of all buildings erected by Her Majesty's Office of Works, are worth reprinting on this side of the Atlantic, as covering some of the most important points in sanitary architecture:

1. All water-closets and urinals shall be constructed so that one wall at least of such closets and urinals shall be an outer wall of the building.

2. All soil-pipes shall be carried outside the building, and ventilated by means of pipes leading the foul gases above the highest point of the building; such pipes to be carried to points removed from chimney-stacks.

3. Separate cisterns shall be constructed for the water-closets and for the general purposes of the building. No tap or "draw-off" shall be affixed to any pipe communicating with a cistern supplying a water-closet or urinal.

4. All waste-pipes and overflow-pipes of cisterns shall terminate in the open air, and be cut off from all direct communication with drains.

5. Great attention shall be paid to insuring thorough ventilation in all the rooms. Rooms so high that their ceilings shall be more than two feet above the top of the windows; the corridors, staircases, and other open spaces shall be specially ventilated so as to prevent the accumulation of stagnant air.

6. All main drains should, where practicable, be formed outside the building. In the event of its being necessary to carry a main drain underneath a building, it must be trapped immediately outside the main wall, and a ventilating-pipe must be carried from that point to the highest part of the roof, as under rule 2.—*Boston Journal of Chemistry.*

"I STILL LIVE."—The death of Dr. Tanner, reported last week, proves to be a mistake. We quoted the item with some misgiving at the time; for the report that his fasting had indirectly caused his death appeared improbable. Since the unhappy fate of poor Vesalius, though many doctors have been reported as starving, we have not heard of one who did not manage to pick up enough to keep soul and body together, and we have never brought ourselves to believe that Dr. Tanner proved an exception to the rule, even during his forty days of notoriety. They who believe in Tanner's ability to resist inanition may consider that his life has been providentially spared that it may prove a source of comfort and cheer to the younger members of the profession.

A SENSIBLE REMEDY FOR SEA-SICKNESS.—A correspondent of the Scientific American says that his first sensation on reaching the ocean was that of being in a very high swing. The same sensation of nausea immediately exhibited itself. It struck him at once that probably the same means adopted to overcome the sickness in the swing would prove effective on the sea—that was to force the swinging. He therefore watched the motion of the steamer, and as she was about to descend he made an effort as though to force her down. Continuing this for a short time the feeling of nausea disappeared, and he had no recurrence of it during either voyage, separated by several months' duration.

This probably explains why boys who first go to sea (as apprentices) never remain sick long. They are made to work, sick or well, sometimes being kept on deck extra time as a punishment for being sick. They naturally and instinctively follow the motion of the ship in order to keep on their legs, and as a result the unpleasant sensation soon vanishes.—*Med. and Surg. Reporter.*

THE MILK QUESTION.—The prolonged drouth in this section of country, by drying up the grass and destroying all hope of fall grazing, has occasioned much distress among the dairymen in the country, many of whom are selling their cows at a great sacrifice. The country people will thus be deprived of an important part of their living.

This is certainly a bad state of things, and the farmers have our sympathy; but we are unable to see how this condition can affect those who have the milk-supply of the city in charge, nor how they can justify their late action through which they advanced the price of milk to thirty cents a gallon. Careful scrutiny of the druggists' price-lists fails to show any advance in chalk; and even if the wells should dry up the Ohio River will probably withstand the drouth. We must enter protest against such unwarranted monopoly.

TO HEAR THE GRASS GROW.—Thomas Lügel (New Remedies; *Das Ausland*) recently exhibited, at a meeting of the Silesian Botanists, an apparatus for measuring the growth of plants. The instrument is connected with an index which advances visibly and constantly, and exhibits the growth in a scale fifty times magnified. If the index be connected with an electric hammer, the current of which is interrupted as the index passes over the divisions of the circle, the growth of the plant will not only be visible but audible; hence the phrase "to hear the grass grow" will no longer be without literal meaning.

[The logic of this conclusion is a little strained. 'Tis true that all sound is the result of motion; but no physicist would confound movements which produce soniferous waves with simple linear progression. As well might one call the click of the sphygmograph needle the sound of the heart, or the tinkling of the sheep bell the sound of muscular contraction. This sort of logic may do for metaphysics, but it is by far too loose for scientific reasoning.—EDS. MED. NEWS.]

GUITEAU.—The Chicago Medical Review makes the following timely remarks upon the disposition that should be made of monomaniacs who have homicidal tendencies:

A monomaniac who has once been tried on a criminal charge of assault, and acquitted on the grounds of irresponsibility, should be permanently sequestrated. Recovery in his case is very improbable and asylum incarceration is needed for the protection of the public. Not only justice but prudence also dictates this course. Confinement in a penal institution is unjust if the patient be insane; and as such confinement must be relatively soon completed if the charge be only an assault, and the prisoner discharged much imbittered and fully prepared to repeat his murderous attempt, prudence would dictate his confinement in an asylum for the insane until his recovery—providing at the same time for strict means of determining this—which shall look to the improbability of its occurrence. An alienist who looks at the case impartially can have but this opinion.

ADMINISTRATION OF TANNIN.—According to a recent article by Dr. Lewin, in Virchow's *Archiv*, it should be borne in mind that when tannin enters the stomach it forms with albumen precipitates, which require for their solution an excess of albumen, of lactic, or of hydrochloric acid. If the albuminate be not soon dissolved, especially if the tannin has been given in the form of a powder, the solid particles are likely to adhere to the gastric walls and produce extensive irritation of the mucous membrane. To avoid this the tannin should be given either as a solution of albuminate of tannin or as alkaline tannate, and not in the form of a powder. A solution of albuminate of tannin is readily prepared by adding a solution of albumen to a solution of tannin until the precipitate at first formed is redissolved in the excess of albumen. This, if made alkaline by the addition of soda carbonate, is still more readily absorbed.—*Boston Med. and Surg. Journal.*

LOUISVILLE'S ONLY HOMEOPATHIC PHARMACY has vanished from view. Whether homeopathic patronage failed to maintain the status of its till, and so caused it to change its field of operation, or whether attenuation (potentization (?)) to which it was devoted reached such a state that matter finally resolved itself into spirit and became invisible to the grosser perception of the unilluminated eye, is a question that our local philosophers and seers have not yet settled.

MEDICAL EDUCATION.—The evidence of discontent and tendency to change is a good sign. In these matters stillness means sleep or death; and the fact that the stream is continually changing its bed shows that its course lies through fertile alluvium, and not through sterile lava or granite.—*Billings.*

Selections.

Typhoid Fever.—By F. A. McEwen, M.B., C.M., Resident Medical Officer at Alnwick Infirmary and Dispensary (London Practitioner):

In the winter of 1878–79, while practicing in a country district in Aberdeenshire, I attended, between the end of November, 1878, and the beginning of January, 1879, fifteen cases of typhoid fever. Some of the cases were of considerable severity, but they all recovered. The average number of days that each patient was under treatment was twenty-seven and a fraction; but taking out two of the cases that were complicated, and lasted respectively forty-nine and fifty-four days, the average duration of the other thirteen cases was twenty-three days. In the great majority of the cases looseness of the bowels, with the characteristic evacuations, was present; but unless the diarrhea continued distressing I generally allowed it to go on. When along with the looseness of the bowels there was restlessness and want of sleep, I found small repeated doses of Dover's powder most beneficial in subduing diarrhea and inducing quiet repose. In a few of the cases, instead of looseness there was constipation with tympanitic distension. The constipation I never tried to obviate, and the bowels always acted in good time. One case in particular, where the patient remained ten days without having her bowels moved, made a very good recovery. During the whole time there was tympanitic distension and a continual discharge of flatus; but at the end of the ten days the bowels were moved naturally. I confined my patients almost exclusively to milk, with a little lime-water or soda-water added. When the frequency of the pulse denoted great weakness of the circulation, I gave from half an ounce to an ounce of good old Scotch whisky three or four times a day; and the administration of this stimulant I invariably found to have a strengthening effect on the action of the heart. Sponging the body once or twice a day with tepid water was agreeable and refreshing to the patients, and was generally followed by a sense of comfort. When at all practicable I saw my cases twice a day; and in the absence of intelligent nurses I set myself to teach nursing practically and theoretically to the best of my ability to those about the sick.

As to the origin of the poison, in all the cases it could with considerable certainty be traced. The first case that occurred was the wife of a cow-keeper; and the six following cases had, all of them, their milk supply from this person's dairy. The rest of those affected got their milk from another source, but they also were infected through the milk supply; as the woman who supplied it, as well as her daughter, had the fever before any of the others were attacked. Moreover, in both instances, there was a clear indication of how the milk was contaminated; inasmuch as in the first case there was a piggery close to the milk-room, and a bad drain from the piggery passed under the pump whence the water for household purposes was procured; and in the second the well, where the milk-dishes were washed, etc., was under the level of, and close to, the dunghill, and open to any sewage that might percolate in that direction.

[A significant point in this report is that in all the cases the infection could be traced to the milk used by the patients. May not this be the most common source of typhoid fever infection in our cities?]

On the Action of Ice and Sulphate of Quinia in the Treatment of Puerperal Peritonitis.—Dr. Lucien Wilmart, prosector at the University of Brussels, gives (translated by the St. Louis Courier of Medicine) the details of three cases of puerperal peritonitis occurring in his practice during the year 1879 in which ice and quinia, with restricted diet, were employed in treatment with satisfactory results. The ice was finely crushed and applied to the abdomen in a rubber bag. The quinia—though the dose is not stated—was given regularly and persistently so long as any symptoms of inflammation remained.

In each of the cases the diagnosis was made without difficulty. The first case arrived at convalescence in twelve days after treatment was begun.

In the second case morphia hypodermically to relieve the pain was added to the quinia and ice. The disease was overcome in the course of a week, after which oysters and chicken-broth were allowed in quantities suitable to the digestive capacity of the patient, and a dose of castor oil was given from time to time that the bowels might be kept open. For eight days following this the patient complained of pain in the left iliac region which was relieved by belladonna ointment and frictions, with more quinia. The treatment was begun in November, and at the end of December, though a certain amount of pus was discharged from the anus because of an abscess which had opened into the intestine from the iliac region, the patient enjoyed excellent health, attending to her various duties.

In the third case the peritonitis followed a forced labor occasioned by a contracted pelvis. The symptoms of inflammation appeared in three days after confinement. The ice and quinia treatment was resorted to as in the other cases, and at the end of six hours all danger seemed to be passed. Vomiting had ceased, pain had disappeared, the patient's bowels moved, and food was taken and readily digested. The same evening, however, symptoms of double pneumonia appeared, and in spite of very energetic revulsive treatment the patient succumbed to progressive asphyxia on the following night. Whether this complication was the result of the external application of cold or the announcement of purulent infection, the writer is in doubt. An autopsy was refused.

Simple Tests of Water.—The complete analysis of water requires much chemical skill, but the more common impurities may be detected by simple tests and various injurious salts thus recognized. "Among them," says the Boston Journal of Chemistry, "are the nitrates, whose presence is chiefly significant as showing that organic matter has been acted upon and may be present. The danger is not in the salts themselves, but in their source, which should, if possible, be ascertained. To examine water for nitrates put a small quantity of it in a test-tube, add an equal quantity of pure sulphuric acid, using care that the fluids shall not mix; to this add carefully a few drops of a saturated solution of sulphate of iron. The stratum where the two fluids meet will, if nitric acid be present, show a purple, afterward a brown color. If the nitric acid be in minute quantities a reddish color will result. The presence of ammonia, if in excess, can be determined by treating the water with a small quantity of potassic hydrate. Ammonia, if present, will be liberated, and may be recognized by its odor, or by the white fumes of chloride of ammonia, when a glass rod wet with muriatic acid is

passed over the mouth of the test-tube. If chlorine is present in any form in water used for drinking it is evidence that sewage contamination in some form exists. The presence and amount of chlorine may be ascertained by the following simple method: Take nine grains of nitrate of silver, chemically pure, and dissolve it in two hundred units, say, cubic centimeters of distilled water. One unit of the solution will represent $\frac{1}{100}$ of a grain of chlorine. Take a small measured quantity of water to be examined, and put it into a glass vessel more than large enough to hold it. Add to the water a small quantity of the solution; if chlorine be present a white precipitate will result. Repeat the addition, after short intervals, until no precipitate results. The units of the solution used will determine the hundredth of a grain of chlorine present. If more than a grain of chlorine in a gallon be present, reject the water, unless it can be clearly determined that the excess does not come from sewage. The water should be slightly acidulated with nitric acid before the test is applied.

Heisch's sugar test for the presence of dangerous organic matter is at once simple and trustworthy. Place a quantity of the water to be examined in a clean, glass-stoppered bottle; add a few grains of pure sugar, and expose to the light in a window of a warm room. If the water becomes turbid even after exposure for a week, reject; if it remains clear it is safe.—*Cincinnati Lancet and Clinic.*

Venesection.—T. M. Dolan, F.R.C.S.Ed., L.R.C.P.Ed. (The Medical Press and Circular, May 18, 1881), in a paper upon the neglect of local and general blood-letting, says that the following propositions may be maintained:

Venesection has no direct influence over inflammation, external or internal. 2. Venesection is useless in the case of all external inflammations. 3. Venesection is of use in these inflammations, where the cardiac and respiratory functions are interfered with. 4. Local bleeding in external inflammations is most useful, its effect is patent. 5. Local bleeding in internal inflammations, where there is a direct capillary circulation between the skin and inflamed part, is of manifest service. 6. The benefit of local bleeding, when there are not such conditions, is neither clear nor positively ascertained.

He sums up and closes his paper in the following words of Dr. Markham:

"Is it credible that a remedy which, through evil report and through good report, has steadily held its own in the catalogue of curative agencies, from the days of Hippocrates to our own, can all at once have ceased to be of service to humanity? Must we believe that all the great minds, who, through the long ages of past medicine, have resorted to this remedy, have been using it under a delusion? Surely, the very fact of the antiquity of the remedy, its universality, and its persistence during all times as a curative measure is strong *à priori* evidence of its possessing value and excellence as such."

Casts of the Uriniferous Tubules.—Dr. Jas. Tyson, in a paper read before the Philadelphia County Medical Society, describes the various kinds of casts and states the views of different observers as to their nature and formation and gives his conclusions in regard to their clinical significance of the different varieties. As a brief *résumé* of the subject, it contains much that is valuable and practical, and is worthy of the attention of the profession. He makes the following general statements regarding the clinical significance of the different forms of casts:

1. Hyaline casts are found in all forms of Bright's disease as well as in temporary conjestions of the kidney, active or passive. 2. Epithelial casts are found in acute, subacute, and chronic parenchymatous nephritis: in the latter two forms the cells are generally degenerated and fragmentary. 3. Blood casts are found in acute parenchymatous nephritis, and when hemorrhages have occurred in the kidney. 4. Pale granular casts are found in interstitial nephritis and chronic parenchymatous nephritis. 5. Dark granular casts are found in parenchymatous nephritis, chronic and acute, and but rarely in interstitial nephritis. 6. Waxy casts are found only in chronic Bright's disease and attend either of the principal forms. 7. Oil casts are found in subacute and chronic forms of Bright's disease, and may attend any of the principal forms; but are most numerous in chronic parenchymatous nephritis (fatty kidney). 8. Free fatty cells and free oil drops are found in chronic parenchymatous nephritis. 9. The form of fatty cell known as compound granular cell, is found in acute and chronic parenchymatous nephritis.

In the diagnosis of renal disease, it is to be understood that the quantity of urine and its chemical characters, as well as the clinical history, are to be considered. Still in many cases a diagnosis can be made from the urine alone.

In speaking of the occurrence of cases of true albunuria in which casts are absent, Dr. Tyson says, "There are many instances of albuminuria where the absence of casts is reported in which the examination is at fault, being carelessly performed." This statement, unfortunately too true, should be kept in mind in the examination of all urines containing a trace of albumen.—*Boston Med. and Surg. Jour.*

Two Cases of Labor at Term in which the Hymen was Unruptured.—Jas. Hickenbotham, M.D., in British Medical Journal, June 25, 1881, reports the following:

Case 1. Mrs. X. had been in labor twelve hours when I saw her. Her pains were and had been very strong and forcible. On examination I found the vulva distended by a round, firm, but elastic body, which, for the moment, I took to be the unruptured membranes; but I soon saw that it really was an immensely thickened hymen, having a very small opening at its anterior edge which would barely admit a probe. An incision was made with a pair of curved scissors, and the labor was soon terminated by the natural efforts, the head being immediately behind in the still unruptured membranes. An inspection showed the divided hymen to have been sacculated; it was so thick as to make its division by the scissors very difficult.

Case 2. A young woman, whose case will be more fully recorded with reference to other particulars, was delivered of her first child. She had for many years been the subject of prolapse, which had come on gradually and painlessly; in fact, so painlessly that "she did not know she was different from any other woman." An examination showed the hymen to be perfect, but hanging down on the posterior wall of the vagina, it having been gradually pushed out of the way by the prolapse of the uterus in front of its free crescentic margin. The prolapse was due to her wheeling heavy barrows of bricks during her girlhood.

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"NEC TENUI PENNÂ."

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J. W. HOLLAND, A. M., M. D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

AMERICAN NERVOUSNESS.

Are race attributes the result of climate? This is a question that admits of so much discussion as to be a favorite one for school debating clubs. It is so easy to get facts that appear to strengthen either side that he is a poor debater who can not make some show of argument upon it.

A philosophical writer, not many years ago, undertook to prove that as the result of transplantation to these shores the Caucasian race was gradually approaching in its physical characters the type of the American Indian. We are as a rule taller and thinner, have straighter hair and higher cheek-bones than our progenitors. He did not endeavor to show that the mental and moral qualities partook of the same tendency.

That climate has something to do with growth and development few will deny. It is a factor always to be considered in broad generalizations about races. Circumstances of which climate is an element force a race to mold itself upon them. Thus the temperament in time corresponds in some degree to the persistent impressions. Among the peculiarities of our people writers upon the nervous system mention a growing tendency to the functional nervous diseases. No one has written so much on this subject as Dr. Beard,* who has recently collected his essays under the title at the head of the article. By the term nervousness he means nervelessness or lack of nerve-force. It has no reference to emotional excitability or organic disease. One of the secondary causes for the prevalence of this condition in the northern and eastern portions of the United States is climate. Our nervous organization is so much more complicated than that of the Indian, and modern civilization so potent an influence, that the effect of this climate upon the nervous apparatus is widely different in the two races. Our race in its former home had an atmosphere of greater humidity, and was not called upon to bear such extremes of heat and cold as are encountered on this continent. Join this fact to the social changes due to the steam-engine, telegraph, and daily papers, and there is enough to account for the physical weaknesses such as those we now consider.

Dr. Beard puts his proposition into the following neat equation:

> Civilization in general plus American civilization in particular (young and growing nation, with civil, religious, and social liberty), plus exhausting climate (extremes of heat and cold and dryness), plus the nervous diathesis (itself a result of the previously-named factors), plus over-work or over-worry or excessive indulgence of appetites or passions = an attack of nervous exhaustion.

This attack of nervous exhaustion may take a variety of forms—a variety so extensive as to embrace at the same time susceptibility to stimulants, hay fever, nervous dyspepsia, premature baldness, and frequency of trance.

When Dr. Beard formulated the long list of the multifarious signs of nervous exhaustion, published their history, and gave them the name *neurasthenia*, he conferred a boon

* AMERICAN NERVOUSNESS: Its Causes and Consequences. By George M. Beard, A.M., M.D. New York: G. P. Putnam's Sons. Cloth, pp. 352. Price, $1.50.

upon mankind and made a book well worth reading. Who does not feel a sense of satisfaction when a word of exact and special significance has been coined for a state of things common enough but not yet definitely classified? To elucidate the causes of this state a popular style has been chosen in his present volume; and as these symptoms are most frequent in America, the subject has been limited by the term American.

Not only is nervousness relatively more prominent in our people, but, according to Dr. Beard, it has a special quality which is permeating European races just as our philosophy is becoming Germanized.

It appears to him that the element in temperaments denominated nervous is on the increase, and with it there is this greater tendency to the nervous diseases—neuralgia, dyspepsia, chorea, sick-headache, functional paralysis, hysteria, hypochondriasis, and insanity. The afflictions to which a person of this diathesis is most liable are in infancy spasmodic croup and general convulsions; in childhood, St. Vitus's dance; at puberty, spermatorrhea or hysteria or chlorosis; of maturity, dyspepsia and migraine or spinal irritation; in old age, cerebral softening.

A good deal can be said in favor of the views stated above, but more proof will be required than has yet been advanced before cautious thinkers will accept them wholly. The evidence is not brought forward in such a way or in such quantity as to be entirely convincing. Dr. Beard is so enthusiastic as to exhibit impatience with those who in the best scientific spirit call for facts and statistics. He may have hit upon ideas of real value, though some other person will have to treat them coolly and logically before they receive general credence. The skeptic will want to know the basis of this statement: "But fifty years ago opium produced sleep; now the same dose keeps us awake, like coffee or tea. Susceptibility to this drug has been revolutionized."

Again, how can we consider the writer of the following as a person given to careful estimates of the meaning of words? "The best of the masters never saw a handsome woman. If Raphael had been wont to see every day in Rome or Naples what he would now see every day in New York, Baltimore, or Chicago, it would seem probable that in his Sistine Madonna he would have preferred a face of at least moderate beauty to the neurasthenic and anemic type here represented."

It must be deemed unfortunate that a work which has the merit of presenting new and highly interesting generalizations should be encumbered with so much personal assertion and exaggeration. In his desire to make sure of his reader's assent he goes too far in his claim for the logical form of his treatise, and fails of his end just as he failed in London with his trance exhibition. Our London correspondent paints his picture in a very painful attitude. His ardor and imagination have caused him to put faith in a clever trickster, and his desire to enlighten the world in a striking way has placed him in a very equivocal position before a community whose applause he would have rated very highly, and whose disapprobation can not be ignored.

In his book he gives much consolation to the reader whose patriotic apprehensions may have been excited by his description of American nervousness, with the assurance that as all evils tend to right themselves, so probably soon after the twentieth century opens our national infirmities will correct themselves.

For the sake of the good work he has done for science, and still may do, it is hoped that his erratic twist will in like manner have spent its force by the time he returns to these shores "a sadder and a wiser man."

THE day of convalescence is about to dawn upon our President. His native strength has brought him through the long night with its septicemia, its parotid abscesses, its pulmonary lesion, and the exhausting discharges. The fevers have about ceased, the bullet is encysted, and the wound-channel closing.

Correspondence.

LONDON LETTER.

PICTURES FROM THE INTERNATIONAL CONGRESS.

FROM OUR SPECIAL CORRESPONDENT.

Editors Louisville Medical News:

The proceedings at the International Congress have been so largely reported by the executive of the Congress itself, which has printed voluminous programmes and abstracts, and has at once set in print all the addresses given, and the principal London medical papers have reproduced these addresses and proceedings, and with so much activity, that I decided early in the course of the Congress not to trouble you with what would at best be but a very imperfect description, if any description were attempted, of the actual addresses and speeches delivered, but to content myself with forwarding to you the voluminous printed matter available, from which you might make such selection as your limited space will afford. To this I might venture to add some of the more picturesque details which a looker-on may observe, and some of the current gossip which discloses the working of the inner machinery of events of the kind, for the study of a detail or two may often be made more suggestive than the given sketch of a large outline, of which the canvas is insufficient to present any distinguishable features.

As to numbers, the Congress has precisely reached the estimate which had been made here. It had been announced beforehand that nearly a thousand foreigners might be expected, and that probably the total number of those attending the Congress would be somewhat over three thousand. As a matter of fact, about nine hundred foreigners have been present, and the total attendance has reached thirty-three hundred. America was very well represented. Among those whose presence attracted most attention were Dr. Austin Flint, Dr. Billings, Dr. Yandell, Dr. Sayre, Prof. Bigelow, Professor Otis, Dr. Fordyce Barker, Mr. Gross, Dr. Wood, and Dr. Solis Cohen, of Philadelphia.

Dr. Austin Flint was every where recognized as the leading representative of America, and it was he who was called upon to return thanks at the Lord Mayor's banquet, which was the greatest dinner of the Congress. He replied with much grace and simplicity, and has throughout by every act and word strengthened the favorable impression which already existed in this country as to the culture and bearing of the best class of American physicians.

Prof. Bigelow's demonstration was received with great attention, and he was the object of much interest. Full justice is done here in surgical circles to the great value of his improvements in lithotrity, which have undoubtedly considerably advanced the progress of that department of surgery and have rendered lithotrity an operation which is at once safe and brilliant.

Dr. Sayre gave some interesting demonstrations in the surgical section, and received, as always, a cordial welcome.

The address which Dr. Billings delivered by invitation at the general meeting as an official representative of America surprised as much as pleased. He had not been suspected of possessing the vein of humor which he very effectually developed in that address. Although medical journals and medical journalism treated statistically and historically would not appear to be a very bright and lively theme for oratory, he contrived to infuse into his address slight touches of ironical humor which were highly appreciated, and which lost nothing in their delivery from the dry, solemn, and almost dreary manner in which they were occasionally uttered. The address was admirable and all the more appreciated by the audience because in no way sensational. Dull in subject to the utmost limit, of the most conservative respectability, it was enlivened by wit and will be remembered as an academic exercise of great merit, which was all the more interesting as coming from the representative of the youngest of nations.

Dr. Billings is a great favorite here, for he suggests a type with which we are not very familiar as belonging to the other side of the Atlantic. His peculiarly calm, quiet, and polished courtesy, the elaborate bow with which he prefaces any formal observations, the slow and deliberate coiling and uncoiling of the vertebræ which he accomplishes with perfect and courtier-like skill, belong to the old-world type, with which he happily unites the vigor, energy, and originality which belong to a republican representative.

Dr. Goodell, of New York, has been particularly energetic in explaining upon all occasions and to all people his ingenious and new operations and proceedings for operating upon the face and for the removal

of the bones of the face. Time, however, has not enabled any adequate public demonstration of his skill, but it is probable we shall hear more of this at a later date.

The only distinctly unfortunate incident connected with the American representation was associated with Dr. Beard's display of what he calls his "trained patient," upon whom he was to demonstrate what it is now the fashion to call hypnotic phenomena—some of which used to be called mesmeric tricks.

Dr. Beard had his name down in one of the sections for demonstration on this matter, and it was understood that he had previously written to one of the medical papers here to announce his intention of enlightening the medical world on the subject of hypnotism. Prior to the demonstration in the section he had issued invitations to a number of medical men to witness the performances of his "trained patient," and some fifty or sixty gentlemen accordingly assembled at an hotel in Jermyn Street to witness the performance. It was very soon evident that they were by no means satisfied either of the genuineness of the phenomena or of the good faith of the subject who was retained to exhibit them. Various performances were severely criticised by Dr. Horatio Donkin and others, who had had some experience in exposing the tricks of Slade the spiritualist, and who had become rather acutely critical in such matters. Dr. Crichton Brown, Lord Chancellor's Visitor in Lunacy, at the close of a pretended demonstration that the patient could be made to revolve continuously under the influence of the fingers in the hypnotic state without becoming giddy, turned sternly to Dr. Beard and said, "You say this person is an American, and that his name is Baker?" to which he got an affirmative reply. He then turned to the man and asked, "What name did you go by when you lived in Edinburgh?" Taken off his guard, this man acknowledged that he had originally lived in Edinburgh, as was apparent from his accent, which put Dr. Crichton Brown on the track, and, smitten in his conscience or with the fear of detection, he acknowledged when severely questioned that he had passed under another name, and that he had reasons for not desiring to revisit Edinburgh or to be known under his original name. He also acknowledged his various connections with spiritualist and mesmeric exhibitions.

The result was that the gentlemen then present passed a resolution expressive of their strong sense of the extremely unsatisfactory nature of the *seance* and the untrustworthy character of their performance, and communications were made to the president of the sections at the Congress. Dr. Beard's paper on hypnotism, which was set down to be read, was withdrawn, and so the matter closed for the time.

Very strong opinions are expressed, however, as to the extreme want of caution, to say the least, of Dr. Beard in traveling about in presenting a subject of this kind to medical men, and in submitting to their notice sham phenomena of the kind. Willingly acquitting Dr. Beard of any thing else than a great want of caution, it was felt that the exhibition was not creditable to his science or his acumen, and was not just to American medicine that American medicine should be put in this light before foreign physicians.

An incident which was painful of its kind occurred during the *seance* and produced some sensation. A statement was made that a similar *seance* had been given before the Academy of Medicine, of New York, and it was understood that this implied in some way that the Academy of Medicine, of New York, countenanced and accepted the kind of performance which was here given under such peculiar circumstances. Dr. Adams, however, an American physician, connected with the American Academy of Medicine, of New York, rose and stated that the Academy of Medicine had not received any communication of the sort or given its countenance to any performances of the kind, but that the performance had taken place in rooms specially rented, which were sometimes occupied by the Academy of Medicine. Under these circumstances it was thought regrettable that the name of the Academy of Medicine was used at all. Dr. Beard had criticized in a very severe manner the experiments of Prof. Charcot, in which, without apparently being fully aware of all the precautions which Prof. Charcot took throughout to avoid deception, he pointed out the necessity of extreme caution in accepting as genuine the tricks of any of these hypnotic subjects. That a state of semi-trance with suspension of the function of various brain tracts exists and may be brought about, has been placed beyond doubt by Charcot, Haedenheim, and others; but it is also no doubt that the alleged phenomena, consequent upon these erratic physiological conditions are very uncertain, that they can only be produced in occasional and exceptional individuals, and they are very unreli-

able for all practical performances, however scientifically instructive, while on the other hand they are easily imitated by persons who make the trade of not only imitating reliable and actual phenomena, but of adding to them false and assumed gifts of clairvoyance, of prophecy, and of pretended gifts of speech, all of which are so many impostures. On the whole, Dr. Beard had plainly been victimized, and it is much to be regretted for his sake that he did not more accurately determine beforehand the actual facts in connection with his demonstration. It is a source of congratulation that the acuteness of Dr. Donkin and Dr. Crichton Brown prevented a further diffusion of the imposture of which Dr. Beard was the involuntary victim, and might have been the unwilling agent of diffusion.

Reviews.

A System of Surgery, Theoretical and Practical: In Treatises by Various Authors. Edited by Timothy Holmes, M.A., Surgeon and Lecturer on Surgery, St. George's Hospital, London. First American from the second English edition. Thoroughly revised and much enlarged by J. H. Packard, M.D., assisted by a large corps of the most eminent American surgeons. In three volumes, with many illustrations. Vol. I: General Pathology; Morbid Processes; Injuries in General; Complications of Injuries; Injuries of Regions. Philadelphia: Henry C. Lea's Son & Co. 1881.

In the News of June 18th we gave an extended notice of this great work when it was first announced by the publishers. The first volume, strongly and richly bound in half Russia, has been sent for review. The original edition appeared in five volumes; these, by the use of a double-columned imperial octavo page, have been compressed into three. The same firm made a happy venture of like character when they reprinted Reynolds's System of Medicine. Both "Systems" were regarded, when they first appeared, as the most important undertakings of the English medical press. To bring the surgical treatises up to the demands of the times and this country, they have been revised by such American teachers as Packard, Hunt, Conner, Morton, Ashhurst, Bartholow, Jewell, Hodgen, Hyde, and others of no less merit though perhaps less renown. Had we room for the titles of the essays and their authors and editors, the enumeration would of itself convince any one in need of surgical information that this is the best storehouse yet offered to the American public. Every reader of the News will doubtless be solicited to subscribe. As far as this volume goes, it may be said to those contemplating this step that the promises of the prospectus have been fulfilled to the letter. A copy of the prospectus can be obtained by applying to G. T. Craven & Co., general agents, No. 143 Race Street, Cincinnati, Ohio.

A Practical Treatise on Impotence, Sterility, and Allied Disorders of the Male Sexual Organs. By Samuel W. Gross, A.M., M.D. With sixteen illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881. Cloth, pp. 174.

As the accomplished son of a still more accomplished father, Dr. Gross has probably been sometimes the subject of trying comparisons. About a year ago he produced a masterly work on Tumors of the Mammary Gland, which took high rank at once.

The treatise before us is in its way just as good, and, like the other, is a performance which his distinguished father might have been proud to call his own. It is divided into four chapters, which discuss respectively Impotence, Sterility, Spermatorrhea, Prostatorrhea. According to the author's observation, "impotence and spermatorrhea usually depend on reflex disturbance of the genito-spinal center, and are almost invariably induced or maintained by appreciable lesions of the prostatic portion of the urethra." This is a scientific basis for treatment by bromides to allay reflex excitement and by bougies to modify the local lesion.

In regard to causes the author remarks:

> From independent researches, which were first published in 1877, I long ago reached the conclusion that impotence was generally induced by subacute or chronic inflammation and sensibility of the prostatic urethra, which were frequently associated with stricture, and which were usually due to masturbation, gonorrhea, sexual excesses, and constant excitement of the genital organs without gratification of the passions.

In unfruitful marriages he thinks that the man is at fault much more often than the woman in the proportion of six to one. Gynecologists should take note of this. The chapter on sterility is devoted to considering the different causes of sterility due to morbid conditions in the male.

We have not space to make comment on the details of diagnosis, classification, and treatment which strike us as deserving extended notice. In the News two weeks ago several extracts were made of a therapeutic

bearing. These will give some idea of the style and contents of the brochure and justify the high praise we have given it.

Atlas of Skin-Diseases. By LOUIS A. DUHRING, M.D. Part IX, concluding the series. Price $2.50. Philadelphia: J. B. Lippincott & Co. 1881.

This, the last part of the series, gives us five plates and descriptive text. The plates portray in living colors two different cases of eczema rubrum, one of pemphigus, and one of ecthyma—forms of disease of common occurrence. The uniform excellence of this work has not been abated in the present number. It is an enterprise of which both publisher and author may well be proud.

Books and Pamphlets.

ATLAS OF SKIN-DISEASES. By Louis A. Duhring, M.D., Professor of Skin-diseases in Hospital of the University of Pennsylvania, etc. Part IX. Philadelphia: J. B. Lippincott & Co. 1881.

THE APPLIED ANATOMY OF THE NERVOUS SYSTEM. By Ambrose L. Ranney, A.M., M.D., Adjunct Professor of Anatomy in the University of the City of New York, etc. With numerous illustrations. New York: D. Appleton & Co. 1881.

GENERAL MEDICAL CHEMISTRY (WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS). For the use of Practitioners of Medicine. By R. A. Witthaus, A.M., M.D., Professor of Chemistry and Toxicology in the Medical Department of University of Vermont, etc. New York: Wm. Wood & Co. 1881.

CORRECT DIAGNOSIS OF A RARE CASE OF EMPHYSEMA OF THE LUNG WITH PNEUMOTHORAX; WITH AN AUTOPSY. (Illustrated by a photograph.) CASE OF DISEASE OF THE VALVES OF THE RIGHT HEART, WITH DILATATION OF THE RIGHT AURICLE, INNOMANATA, AND AORTA. By Prof. F. Peyre Porcher, M.D., one of the Physicians to City Hospital, Charleston, S. C.

Medical Societies.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.

SUBINVOLUTION OF THE UTERUS AND NEURASTHENIA.

Dr. Webber mentioned a case in which he was called on account of extreme nervousness. The very annoying nervous symptoms seemed to him dependent upon an enlarged state of the uterus, and he consequently referred the case to Dr. Sinclair. The woman rapidly improved under treatment directed to the local condition.

Dr. Reynolds spoke of the extreme rapidity with which involution takes place in ordinary cases. He thought the important question to answer was as to whether the improvement in neurasthenic symptoms kept pace with the retraction of the uterus.

Dr. Chadwick expressed doubts as to the interdependence of the local and general condition. His impression was rather that there was one general cause for both conditions rather than that one depended upon the other. In some cases of uterine disturbance, especially of displacement, he has seen an accompanying train of nervous symptoms greatly improved after local treatment. He thinks that in many of these cases excess in coition is a pregnant source of trouble, and that its interruption in the course of treatment is an important factor of success. He has not had much success in the treatment of subinvolution by local measures.

Dr. Weir Mitchell expressed his interest in the paper and subject. He said that he had not had occasion to refer cases of neurasthenia or "nervous exhaustibility," as he preferred to call it, to subinvolution, possibly because not having much experience in uterine ailments he did not look to that organ for an explanation of symptoms as a specialist might. He was glad to have his attention called to the subject, that he might inquire into it in future cases. He said that he was inclined to compare the relation of the uterus to the general nervous system to that existing between the eyes and brain. A pair of defective eyes may cause no irritation to a healthy brain, but when the brain is affected by any disease these eyes may become a fruitful source of discomfort. Just so the uterus, affected by some slight ailment which is ignored or well borne by a healthy nervous system, may cause much trouble when the nervous system is exhausted, and may greatly aggravate the nervous disorder.—*Boston Med. and Surg. Journal.*

Miscellany.

"LISHTEREISM ISH TODT" AT THE INTERNATIONAL CONGRESS.—W. W. Greene's London letter, in Boston Medical Journal:

Spencer Wells read a paper. He took strong Listerian ground, and said that now he had given up drainage altogether, so great was his faith in antiseptic surgery. Several others, Volkmann especially, followed in a similar strain. Then Marion Sims arose, and while he declared for Listerism he advocated drainage, and reminded Mr. Wells of a case (ovariotomy) in which he assisted him in a bad operation —bad on account of adhesions—and the patient *almost* died, but at last nature opened the abdominal wound and discharged a large amount of fetid fluid, and immediately she recovered. Finally came Mr. Keith to close the discussion. Never in the history of surgery did a few modest words make such a recoil in the "currents of expectant thought" as his that I shall relate.

It has been said, and was repeated by Volkmann and Kuget, in this discussion, that intraperitoneal surgery was the "touchstone of Listerism." Prof. Keith has been quoted the world over, again and again, as not only a warm disciple of Lister, but as illustrating in his remarkable success in ovariotomy, *more than any other surgeon*, the value of the antiseptic, or rather, the Listerian method. No one can deny this.

So slowly were his few words uttered that I can almost repeat every one *verbatim*.

You can imagine the effect much better than I can describe it when he said that for several months past he had "abandoned the antiseptic treatment altogether." "True," he said, "I had eighty successive recoveries under Lister's method, and *stopping there* it would be a wonderful showing. *But out of the next twenty-five I lost seven.* One died of acute septicemia, in spite of the most thorough antiseptic precautions; three of unquestionable carbolic-acid poisoning; one of renal hemorrhage." He went on to say that out of the eighty consecutive cases (or rather he said at first) many came too near dying; that a large number got a high temperature—105°, 106°, 107°, F. —the evening following the operation; but, he said, "they happened to pull through." He then said that since he had for four months past abandoned the antiseptic method, and relied upon perfect cleanliness, care in controlling hemorrhage, and thorough drainage, his cases were giving him much less trouble, and he was getting more satisfactory results.

He now stopped for a few moments, hesitating, as he must have realized the importance of his words, knowing that the whole world—surgical—was lending a "listening ear" to his utterances. The silence was "audible." Then he raised his head, and looking his audience squarely in the face, he said, "Gentlemen, I have felt it my duty to make these statements, for *they are true*," and he took his seat.

I shall not attempt to describe the applause, nor the effects of his statements. Prof. Keith, by the way, told me privately that he almost died himself from using the carbolic acid so much. He got renal hemorrhage and debility to an alarming degree. He said, moreover, that he never had great faith in it, and should not have continued its use so long—I mean the "Lister" method—but for the fact that so many eminent men were carried away with it; and if, after his remarkable series of cases, he had changed, and lost seven out of twenty-five as he did, without Listerism, all the world—he himslf—would have attributed the result to the change.

One thing is certain: Mr. Keith's statements, in connection with those of others, *and his own experience*, put Mr. Lister in a very unpleasant position; for he was put down on the programme to close the discussion on the treatment of wounds to secure union by first intention, which took place on Monday, 8th inst. Although four days had elapsed, he had no answer. To show how deeply he was impressed by all that had been said, he began his remarks, which were extemporaneous instead of written as was expected, by saying that he had never admitted that abdominal surgery was the "touchstone of Listerism," and to the surprise and dismay of his followers went on to argue that, with the rapidity with which wounds of the peritoneum heal and the remarkable absorbing power of that membrane, and therefore its ability to take care of its exudates, "he doubted very much" whether, in the hands of a skillful, careful operator, it was not better to dispense with the antiseptic plan.

I realize how important are the statements I am making, and lest some of your readers may think that they are open to criticism as to accuracy, I will say that I sat near enough to hear every syllable uttered, and I pledge my honor as a man and surgeon for the absolute accuracy of every statement, though I took few notes.

Then, seeming to realize the danger of admitting such wonderful absorbent qualities to the peritoneum, he went on to say that he had recently made some experiments that surprised him very much, which proved that serum or bloody serum was "a very poor soil for the development of germs from contact with air-dust, and that blood clots were still more sterile. Indeed, it was very difficult to make them grow or develop at all, unless diluted with water." By the way, he declared he had witnessed free-cell development in a blood clot. And these remarkable facts, said he, "at once call in question the necessity of the spray."

He then went on to say that he was not yet ready to give up the spray, but if simple irrigation or lavation should prove as good, he would say, "*Fort mit dem spray;*" and he further said, "I am not certain but I shall give it up. I am not at all sure but that before the next meeting, two years hence, I shall have abandoned the spray altogether." (His recent house-surgeon says that he has lost all confidence in its utility.)

As to carbolic acid, he said, "I am forced to admit its unfortunate character." That was all; not a word about oil of eucalyptus or any other substitute. He kept referring again and again to abdominal surgery, but his manner showed to every body that he was upset.

He gave no statistics, no large comparisons as was expected by his disciples. He referred to the excellent results in two cases of recent operation, saying that "I could hardly believe that I should have got such results without the antiseptic plan; I did not before I used it."

And this is the fault that the best surgeons here find with him. They are all ready and glad to give him or any other man credit for all he has really done, and they all admit that Mr. Lister has done much to improve surgery, especially German surgery. I need not explain. But they very properly say, "With his unprecedented opportunities, both in his own practice and in that of his host of followers, why don't he give us large and complete statistics? Instead, he only gives either isolated cases or a small group of successful ones, such as may be found under almost any plan." I quote one of London's most eminent and fair-minded men.

It was curious to watch the effect of the thing. I have alluded to the impression produced by Keith's remarks. As Lister was speaking, one of his ardent admirers—I mean an admirer of his mode of dressing; I am not discussing the man, who is an earnest, hard-working, accomplished gentleman—turned to me and said, "My God, I would never have believed Prof. Lister would have admitted that." Another said, "Well, if Lister abandons the spray and carbolic acid, giving us no substitute, where is 'Listerism?' We had drainage, we had animal ligatures, we had air-proof dressings, before." And so on. Every little group of surgeons was discussing the matter; those who had never accepted the Listerian method being quite as much surprised as its warmest adherents.

"Mein Gott!" said a German whom I did not know, "Lishtereism ish todt." "Fort mit dem Spray? Fort mit dem Acid Carbolique? Was giebts zu bleiben?"

And so the pendulum swings.

THE deaths annually in the city of New York exceed the births by about ten thousand.

QUEBRACHO IN DYSPNEA.—Dr. Andrew H. Smith has submitted a report, founded on clinical data, upon the use of quebracho in dyspnea, which is published in the New York Medical Journal and Obstetrical Review for September, 1881. Of the thirty-two cases covered by the report, eleven were of spasmodic asthma, with or without emphysema and bronchitis. Of these, in nine cases the dyspnea was notably relieved. In two cases of asthma associated with bronchitis no benefit resulted. One patient with emphysema and bronchitis without asthma was relieved. One with bronchitis with obesity was not relieved. Two with mitral insufficiency were not relieved. One with mitral stenosis was not relieved. One with hypertrophy with dilatation was not relieved. In two cases of cardiac disease (form not stated) the dyspnea was relieved. In one case of fatty heart there was slight relief. Two patients with dyspnea depending upon Bright's disease, in one of whom pulmonary edema was noted, were relieved. In one case of aortic aneurism the dyspnea was relieved till near the close. In one case of tonsillitis the dyspnea, partly nervous, was relieved. In one case of cancer of the lung dyspnea was relieved. In two cases of pneumonia it was relieved. One patient with hysterical dyspnea was relieved. In one case of catarrhal phthisis, second stage, the dyspnea was relieved. In one case of catarrhal phthisis, third stage, it was not relieved. In one case of intermittent fever with old pleurisy, the patient being an opium-eater, the dyspnea was increased. Thus, of the thirty-two cases of different diseases in which dyspnea formed a prominent feature, this symptom was relieved to a greater or less extent in twenty-one; not relieved in ten; aggravated in one. In some instances treatment was not pushed far enough to give a decisive result. It is possible that the nausea observed in some cases might have been avoided by the use of smaller doses, and perhaps a favorable result obtained. The fact that dyspnea depending upon such a variety of causes may be relieved by quebracho points, says the writer, to the respiratory center as the seat of its action. Apparently it blunts the sense of want of air, and thus mitigates the suffering from a deficient supply. But this action is not necessarily only palliative. Exaggerated respiratory efforts are often in themselves an evil; not only on account of the muscular effort expended, but from the aspiration of blood into the thoracic viscera, which results especially when the dyspnea is caused by narrowing of the air-passages rather than by solidification or compression of the lung. Hence in many cases an agent which will moderate the violence of the respiratory movements will not only lessen the distress of the sufferer, but will increase the chances of his recovery. That quebracho will often very promptly fulfill this indication there seems to be no room to doubt, while as yet there is no evidence that it is liable to produce unfavorable after-effects. The extremely disagreeable taste of the medicine and its tendency to produce nausea are, however, serious drawbacks to its use by the mouth. As yet we have no record of its employment by the rectum. If the active principle is isolated, so that it can be used hypodermically, a great advantage will have been obtained.

DOCTORS AND THEIR LITERATURE.—At the medical conference in London last week, Dr. John S. Billings, of Washington, read an interesting paper entitled Our Medical Literature. This paper showed that there are now in existence over 120,000 volumes of medical literature, and double that number of pamphlets, with a prospective addition of 1,500 volumes and 2,500 pamphlets every year.

The number of regular physicians at present, according to Dr. Billings, is 180,000, of whom 11,600 are contributors to medical literature. Of these contributors 2,800 belong to the United States; 2,600 to France and its colonies; 2,300 to the German Empire and Austro-Hungary; 2,000 to Great Britain and her colonies; 600 to Italy; 300 to Spain; and 1,000 to all other countries.

Dr. Billings estimates the number of physicians in the United States at 65,000. Next comes Great Britian and her colonies with 35,000. Germany and Austro-Hungary follow with 32,000. France, including her colonies, has only 2,600; while Italy has 10,000, and Spain 5,000. France, it may be added, has the largest number of medical writers; nearly all her physicians contributing more or less to medical literature.

ORGANIZATION OF THE BARREN COUNTY MEDICAL SOCIETY, KENTUCKY.—The Barren County Medical Society, at Temple Hill, Kentucky, was organized June 20, 1881. Officers as follows: R. H. Grinstead, President, Glasgow; J. J. Jepson, Vice-President, Glasgow; George S. Leach, Secretary, Glasgow; C. T. Grinstead, Corresponding Secretary, Temple Hill; S. T. Batts, Treasurer, Dry Fork.

Is there a Specific Urethritis?—In a "special article" in the September number of the New York Medical Journal and Obstetrical Review, Dr. P. A. Morrow handles the question of the specific or non-specific nature of gonorrhea. After a fair statement and a close analysis of the arguments for and against specificity, he concludes that the position of the *virulists* rests altogether upon pure hypothesis and is wholly untenable, while all the facts—experimental, clinical, and pathological—are overwhelmingly in favor of the non-specific character of gonorrheal inflammation. When we apply the gauge of specificity to gonorrhea it corresponds to none of the conditions of an undoubtedly specific inflammation. No artificial production of any disease belonging to this group is possible; a specific disease is the product alone of a specific poison. Gonorrhea, on the contrary, may be due to a variety of causes—contagious, irritant (mechanical or chemical), diathetic, etc. Again, in all specific diseases there is between the time of infection and the first expression of the disease a period of incubation. No incubation, properly so called, characterizes gonorrhea. A drop of this same gonorrheal pus, which may require two or three days to excite suppuration of the urethra, will develop such effect in a few hours when applied to the conjunctiva; showing that the so-called incubation depends not upon the quality of the exciting cause, but upon the susceptibility of the mucous membrane. Another distinctive peculiarity of this group is that a single attack of the disease confers almost complete security from another attack—a peculiarity precisely the opposite of what is observed of gonorrhea. The morbid poison of a specific inflammation, once in action, continues until the textural predisposition to its special stimulus is exhausted. The patient is incapable of regenerating the poison or of being affected by it when exposed anew. Both of these conditions are negatived in the clinical history of gonorrhea. Finally, specific inflammation determines special pathological changes and demands special treatment. Identical pathological processes are met with in urethritis from various causes, and the most radical of virulists treat all urethral inflammations alike.

Four rules for the preparation of an article for a journal: 1. Have something to Say; 2. Say it; 3. Stop as soon as you have said it; 4. Give the paper a proper title.—*Billings.*

The Polyscope.—At a recent soirée in the Paris Observatory, M. Trouvé showed a live fish with its body lit up from within by his polyscope, a minute form of which, with conducting wires passing to the hands of the operator, the animal had been caused to swallow (comfortably, let us hope). The whole body became transparent in the dark, so that the vertebræ could be counted and all details examined. This instrument promises to have many uses. Among others it has already been applied, *La Nature* says, to show students the texture of the rectum and bladder; to facilitate extraction of a projectile at the back of the nose; to examine the stomach of a bull (in which a gastric fistula was formed); to lighting the interior of shells and cannon for examination; also to lighting powder magazines, in which case the reflector is inclosed in a triple envelope of glass.—*Boston Journal of Chemistry.*

Medical Charlatans.—Sir Henry Holland, in his "Recollections," gives the following useful hint how to deal with charlatans: "I have witnessed in my professional career many charlatanries coming rapidly in succession to one another, and each drawing largely on public credulity. Argument is seldom of much avail with those thus imposed on, and the time and temper of the physician are both grievously wasted if submitted to controversies utterly useless, where ignorant asseveration takes the place of that evidence which alone can establish a medical truth. In such cases I have myself generally found the refusal of discussion a more effectual answer than any train of reasoning. One of the sharpest weapons in argument is silence."—*Med. Times and Gazette.*

Symptoms are only the expression of a hidden force; it is our business to follow up this hidden force to its seat in the human system, and there learn its nature and causes. The first question of the pathologist, as of the biologist, is, Where? Consequently, whether they probe the seat of disease with the anatomical knife, or whether they merely confine themselves to observation, the mode of proceeding is essentially anatomical. It is the recognition of this principle which, in a few decades, has changed the whole face of science.—*Virchow, Int. Med. Congress.*

> How can we hope a common faith to find
> Where every one in four is color-blind?
> If here on earth they know not red from green
> Will they see better into things unseen?
> —*Holmes.*

PLAGIARISM IN MEDICAL LITERATURE.—The Med. Press and Circular quotes the following as coming from an American surgeon present at the London International Medical Congress: "Few of us pretend to write anything original; we either have n't the time or we have n't the mind. You Europeans leave us nothing to do, and so instead of pretending to take you down a stripe we take a book that we guess will suit our purpose, make a few foot-notes, and stick another name on the title-page. The book is none the worse for it, and its new author is helped like a lame dog over a tall stile."

THE LARGEST PYRAMID.—We believe it is not generally known that the largest existing pyramid rests on American soil. The Pyramid of Pueblo, in Mexico, is larger than the great Pyramid of Cheops, in Egypt. The latter covers only fourteen acres, while the Mexican one covers forty-four acres of ground, and was originally six hundred feet high. It is made of sun-dried brick, and is supposed to have been built seven thousand years ago.—*Boston Journal of Chemistry.*

THE sixth annual meeting of the American Academy of Medicine will be held in New York, Tuesday, September 20th, at 3 o'clock.

Selections.

A Case of Bilateral Laceration of the Uterine Cervix, of Five Years' Duration, Complicated with Procidentia; Operation; Recovery.—George H. Bixby, M.D., Boston, in Boston Med. and Surg. Journal:

Mrs. D., aged thirty-six, multipara, a tall, stout brunette, consulted me in April, 1880, for an affection which had occasioned her great suffering for a number of years.

Five years previously she gave birth to an unusually large male child. The labor was lingering and finally terminated instrumentally. There was an unusual amount of hemorrhage. Convalescence was slow and tedious, much more so than on any previous occasion. Immediately after leaving the bed there was a marked tendency to prolapsus of the uterus. This continued to increase until at a period seven months from her confinement, at each act of defecation the organ was forced entirely without the vulva. The displaced organ was easily reduced by the patient herself, and held in position by means of a large sponge. Later the tendency to prolapsus was such that the method for relief, so satisfactorily employed before, ceased to be effectual. After a period of fifteen months' lactation the menses returned, lasted eight days, and always profuse. This circumstance, together with the effects of the other troubles, debilitated her exceedingly, and finally compelled her to seek medical aid.

Inspection showed the large, peculiarly-formed organ in a complete state of procidentia, the cervix lacerated bilaterally, each lip measuring two and a half inches in length. The organ was in a condition of subinvolution, the cavity measuring four and one half inches.

Convinced of the absence of all complications, such as the result of pelvic inflammation, the organ being freely movable in every direction, in May, 1880, without any preliminary treatment, four days after the cessation of catamenia, with the valuable assistance of my friends Drs. F. E. Bundy and John G. Blake, of Boston, the usual operation was performed. Five silver sutures on each side were sufficient to restore the cervix to its normal size and form.

The after-treatment consisted as follows: after the third day carbolized injections twice a day, drawing the urine for six days, confinement of the bowels for a week, with unstimulating diet for the same length of time.

The sutures were removed on the eighth day, union having taken place by first intention. In order to favor involution it was deemed advisable to keep the patient in the horizontal position for five weeks. On the fourth week already it was ascertained that the tendency to displacement, either when standing or at stool, had greatly diminished. Three months after the operation she was discharged, cured. Six months later she was reported entirely well, attending to all her domestic duties without mechanical support, with menstruation normal.

Pneumonia—Albuminuria—Delirium—Recovery.—C. Handfield Jones, M.B., F.R.S., Physician to St. Mary's Hospital, reports the following (Med. Times and Gazette):

A. L., aged seventeen, baker, admitted March 14, 1881.

March 15th: He never had any serious illness before. On March 1st he felt out of sorts; he had had a toothache for some time before. He got pain at right side of chest, felt chilly and shivered, had cough, was sick at times, breathed with difficulty, felt dyspnea on the slightest exertion. He had thirst, loss of appetite. At present is very restless, hot, and flushed. Pulse 114, irregular. Expectoration rusty, two ounces and a half; not much cough. Herpetic eruption on lips. Urine thick, acid, albuminous. Temperature 104.2°. Tongue red at tip, brown at dorsum. Well-marked dullness in right front down to third rib. In all right front entry of air is weak; in quiet respiration no crepitation or bronchial breathing is heard, but in deeper breathing the bronchial quality becomes evident, with moist sounds extending as far down as fourth rib. In lower three fourths of right back air enters pretty well and breathing is good; in supraspinous fossa it is harsh, with unduly prolonged expiration. Good resonance and breathing in all left chest. Ammon. carb. gr. iij., tinct. cinchon. ℥j., dec. cinch. ℥j., ter die; opii gr. ss., h. n.; brandy three ounces. Diet—broth, milk, beef tea.

16th: Rather delirious during night, did not sleep well. He takes nourishment well. Tongue coated. Bowels not open three days. Pulse 84, weak. Sputa in less quantity, not tinged but streaked with blood. Is drowsy. Pil. hydr. c. coloc. gr. v. statim.

19th: Complains of pain in abdomen. Slept fairly. Breathing much easier. Sputa chiefly mucus, slightly

streaked with blood. First right space dull; second gives woody tympanitic resonance; third is pretty normal. Air enters more freely in upper right front; air enters well in all right back, but expiration is prolonged in supra-spinous fossa. No râles heard. Good breathing in left back.

21st: Slight quasi-bronchial breathing in upper and middle right front; air enters more freely. Expectoration scanty, tinged with blood, dark-colored. Takes food well. Liq. ferri pernitratis ♏xv., liquid strychniæ ♏iv., æth chlor. ♏xv., aq. ℥j., t. d. Chop, rice pudding; omit brandy for beer.

24th: Perfectly good resonance and breathing in both upper fronts; condition of right equal to that of left. He seems quite well. Went out on 31st.

M. Pasteur's Experiments on Charbon.—M. Pasteur has now had an opportunity of practically testing the truth of his theory as to the protection of animals from charbon by their inoculation with the artificially cultivated virus of that disease. On the 5th ultimo the farm of a veterinary surgeon at Pouilly-le-Fort and sixty sheep were placed at Pasteur's disposal. Ten of these sheep were left untouched in order that they might later on serve for comparison. Of the remaining fifty, twenty-five were marked with a hole in their ears, and were inoculated, the first time on the 5th of May and the second on the 17th. On May 31st none of the inoculated sheep had lost fat or spirits or appetite. On May 31st the fifty sheep were taken, without distinction, and inoculated with the strongest virus. M. Pasteur predicted that on the 2d instant the twenty-five sheep not inoculated would be dead, and that the inoculated animals would show no symptoms of sickness; and accordingly on that day a number of spectators, including the President of the Agricultural Society of Melun, the Prefect of the Department, and the Director of Agricultural Matters at the Ministry of Agriculture and Commerce, assembled to witness the result. The prophecy of M. Pasteur was exactly fulfilled. At two o'clock twenty-three of the sheep which had not been inoculated were dead. At three o'clock died the twenty-fourth, and the twenty-fifth an hour later. The twenty-five inoculated animals were quite sound and in perfect health. Only one of them was feverish; and the fever, which was caused by the animal having designedly been inoculated with too strong a dose of the virus, speedily disappeared. The twenty-five carcasses have been buried in a fixed spot; and, on the infected grass which will grow over it, experiments are to be made with inoculated and non-inoculated sheep. M. Pasteur's discoveries in this direction are being amply corroborated by English experience; and if the matter be promptly taken up the agricultural interest will have one less difficulty to contend against, since it ought to be practicable to protect herds against charbon much in the same way that human beings can protect themselves against smallpox by vaccination.—*Brit. Med. Jour.*

Abscess in Iliac Region attended with Insignificant Rise of Temperature.—Mr. Hutchinson reports the following as coming under his care at London Hospital (Med. Times and Gazette):

Harriet W., aged forty, was healthy until January, 1881, when she was laid up with "gastric fever" for six weeks, and if this was true typhoid it is very probable that the subsequent abscess was dependent in some way upon it. About this time the right groin felt painful and heavy, but no swelling was noticed about the hip until the end of April. Very soon after this she was admitted into the medical ward and subsequently transferred to the surgical one. From admission her temperature was regularly taken. On the first evening it was 100.4° (as is common with many hospital patients), but it fell to 99° the next day, and continued to be normal until May 24th. On examination there was a reddened swelling between the right iliac crest and the trochanter major, with doubtful fluctuation and enlarged superficial veins over it. It was tender and painful. There was a harder swelling above the ilium. On the 16th there was not a doubt about the presence of pus. On the 23d she had a rigor and headache with nausea; and next evening her temperature stood at 101°; on the 25th 100° and 103°; on the 26th, 99° and 101°. On this date the abscess was opened, and no further rise of temperature occurred. A large quantity of fluid pus was let out, having a distinctly fecal smell, so that Lister's antiseptics were not used. She recovered speedily and completely.

Remarks. This was not a case of chronic abscess, for the whole time during which it lasted was little more than three weeks; it was very painful, and occurred in a woman. Under these circumstances the absence of fever was remarkable, and caused some uncertainty in the diagnosis. Although she was not aware of having passed any matter with her motions, yet it seems possible that a communication with the intestine prevented any tension in the abscess-cavity, as well as accounted for the fecal odor of the pus discharged from it.

Resuscitation after Still-birth.—On June 13th I attended a woman near this town in her confinement. It was a breech-presentation. On the delivery of the body, I found that the cord was coiled around the child's neck. I sought to deliver the head as quickly as possible, but as it was rather large I did not effect this for about five minutes. A short time before the appearance of the child at the vagina I had listened to its heart and observed that it had become slower than when I had auscultated some hours before. The child when born exhibited no sign of life, and did not respond in any way to usual methods of exciting respiration. Being relieved from anxiety respecting the mother by the presence of the dispensary midwife, whom I knew to be trustworthy, I at once began artificial respiration by the Sylvester method. The pulsation of the heart soon became perceptible to the hand. As there was a sound produced by expiration as if there was a quantity of fluid in the tubes, I turned the child on its face and raised its body above the level of its head, when some blood-tinged fluid flowed out of its mouth, proving that efforts at inspiration must have been made while still in the womb on the stoppage of the utero-placental circulation by the compression of the cord. I continued artificial respiration for at least three hours and a quarter before natural respiration was established. The application of hot and cold water was tried; and, except for a time at the commencement, the body was covered by hot, dry flannels constantly renewed. The first time the child moved was when a very hot flannel was applied to the back of its neck and shoulders, and this was about three hours from the time of its birth. I have never read of respiration being established after so long a time.—*Edmond Shackleton, L.M., L.K.Q.C.P.I., Tandragee, in the British Med. Journal.*

On the (so-called) Lithopedion.—Before the London Obstetrical Society, June 1, 1881, Dr. Barnes read a note on the (so-called) lithopedion, being a supplement to his paper on so-called Missed Labor. The author had examined the specimen in the Hunterian Museum from Dr. Cheston's historical case, undoubtedly one of extra-uterine fetation, and it had been minutely examined by Mr. Doran. The abdominal viscera and thoracic organs were quite soft, but impregnated with lime-salts. The skin and subcutaneous tissue of the front of the thorax and abdomen were thick and infiltrated with lime-salts, so as to feel gritty and friable. The same structures in the posterior part of the body were very thin and converted into calcareous plates. Another specimen in the Hunterian Museum, without a history, but apparently a fetus of not more than seven months' development, had also been examined by Mr. Doran. It showed a more advanced calcification of the shrunken soft parts. The surface was brittle and not remarkably hard. The lungs were powdery, and effervesced with hydrochloric acid. In a specimen in St. Thomas's museum the cyst-wall was calcified, and there were calcareous plates in the skin. The viscera and muscles were soft.

The President said that the paper impressed him with the necessity for greater care than he and other authors had used in applying the word "lithopedion." The observations confirmed the remarks which he made on the reading of Dr. Barnes's paper, that there was never a stone child really, but only petrification of the membranes and adjacent fetal parts.—*Medical Times and Gazette.*

Oil of Ergot in Skin-diseases.—Dr. Shoemaker has obtained excellent results from the use of the oil of ergot in the treatment of the acute variety of eczema. He finds that it is particularly valuable in that form in which the part is hot, tumefied, and covered with small vesicles, some of which have burst, and the fluid coming in contact with the surrounding parts has caused considerable irritation. It is also a most useful application in eczema of the lips, in which the surface is tumefied and fissured, bleeding readily upon the slightest movement of the parts. It is efficacious in cracked nipples, and in herpes of the genitals, as well as in checking the formation of scales in seborrhea of the scalp and other hairy parts of the body. As a local application in erysipelas, oil of ergot is also of great service. In rosacea, after making punctures over the patches with a needle-knife and allowing the surface to bleed freely, the application of oil of ergot will soothe the part, constrict the blood-vessels, and thus greatly modify the diseased action. The remedy is equally serviceable in diseases of the mucous membranes, and has been found of use in catarrh of the nasal passages, in ulceration of the cervix uteri, and in gleet. The oil of ergot may be prepared by the addition of benzine to ergot, and afterward allowing the benzine to evaporate. The substance thus obtained is a moderately thick, reddish-brown fixed oil, with a slight odor of herring pickle, and an acrid taste; it is soluble both in alcoholic and alkaline solutions.—*Trans. of the Pennsylvania Med. Society; London Practitioner.*

The Aspirator in Hydatid Disease of the Liver.—When the aspirator came into common use in medicine and surgery the expectations regarding its utility were perhaps somewhat over-sanguine. We now know that the evacuation of an abscess or an empyema with the aspirator frequently fails to cure where the free evacuation of the pus and subsequent drainage under antiseptic precautions succeeds, and that speedily. Of this fact we noticed lately a most striking example reported in a German medical paper—a case of purulent pericarditis in a boy with serous effusion into the left pleural cavity. Two successive aspirations of the pericardium and pleura produced only very temporary relief, and ultimately, first the pericardium, and soon after the pleura, were incised antiseptically—the double operation being followed by a cure within six weeks. A similar treatment of hepatic abscess is now freely recommended and practiced by the most experienced authorities on the subject. While, however, the use of the aspirator as a means of treating collections of serous or purulent fluid may not have produced results so brilliant as were expected of it, as a means of diagnosis it holds the first rank, and in this respect alone has been a most valuable addition to our armamentarium. In hydatid disease of the liver its use as a means both of diagnosis and of treatment has been most satisfactory, and Dr. Mortimer Balding has done a good work in collecting and tabulating with their results all cases of hydatid disease reported since 1866—both those in which the aspirator has been used, and those in which it has not. . . . .

The conclusions to which Dr. Balding comes, and which are fully justified by the cases and statistics he adduces, are as follows: 1. So soon as the tumor is actually felt, establish the diagnosis by the introduction of a fine aspirator-needle; 2. Should the fluid be clear, withdraw the greater part or the whole of it, and close the wound; 3. Should the fluid be purulent, introduce a large trocar, leave the canula *in situ*, and wash out the cavity once or twice daily, maintaining a free opening and keeping the abdomen well bandaged. Several cases recorded by Harley belonging to this latter class did not do well till a free opening was made.—*Med. Times and Gazette.*

Nephrectomy.—At the last meeting of the Royal Medical and Chirurgical Society, among the living patients exhibited was a man on whom Mr. Clement Lucas successfully performed nephrectomy in February, 1880. This man, who is thirty-six years of age, looked ruddy and well, and free from pain and all symptoms of scrofulous pyelitis, for which extirpation of the left kidney was undertaken. The wound is soundly healed, and there has been no sinus since Christmas. This is the first case in which the operation has proved successful on an adult in this country.

Chlorhydrate of Morphia in Insanity.—Dr. Voisin, of the Saltpêtrière, has published twenty-seven additional cases (*Bul. de Therap.*, May 15th and 30th) showing the great value of the hypodermic injection of the chlorhydrate of morphia in certain forms of insanity. Fifteen of the cases were treated at home, twelve being examples of melancholia and hallucination, and three of maniacal hysteria. Twelve were treated in the hospital, viz. eight cases of melancholia and hallucination, and four of religious insanity—the form admitted as the most difficult to cure. The maximum doses generally employed were from five to eight centigrams (from three fourths to one and a fourth grains) per diem.—*Medical Times and Gazette.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

Vol. XII. LOUISVILLE, SEPTEMBER 24, 1881. No. 13.

J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

"NO WOMEN NEED APPLY."

It will be remembered that the NEWS announced to its readers in July that women doctors would not be admitted to membership in the International Congress. The secret history of this remarkable ordinance has just transpired in the letter of our London correspondent. That a congress catholic enough to admit sectarians in medicine of all kinds should be exclusive to physicians of wide reputation and the highest respectability, such as Mrs. Putnam Jacobi, merely because of sex, thereby infringing upon the established custom of the convention, was, to say the least, extraordinary; so extraordinary indeed that to account for it some one invented the explanation that it was done to please the Queen, who threatened to withdraw her royal patronage if women were allowed to become members.

It seemed more likely that the conservatism of this representative of the most conservative class in England had overridden the natural sympathy of a woman for her struggling sisters than that the committee of presumably liberal-minded gentlemen should have done this thing. It was more like the order of a capricious woman than the just ruling of men who knew the law of previous bodies of that name and had respect for the opinion of the nations as expressed in former meetings.

For the credit of the royal lady of England we are glad to announce that it was none of her doing. The responsibility rests on the representative medical men of England, and by this time they have learned that very few outsiders will run to share it with them. The rank and file of the profession has grown tired of making excuses for the illiberalism of those who sit in our high places. The most superficial observer can see through the pretense of "protecting women from demoralizing associations;" for "conserving the exquisite inefficiency of the tender sex," and all the chivalrous twaddle and

> "Parasitic forms
> That seem to keep her up but drag her down."

A friend of woman's cause must exult that public attention has been drawn to the conspicuous narrowness of those who oppose it, and that general condemnation has fallen upon them. With us the mortification of having to acknowledge that our leading lights behaved in this situation as if ruled by the spirit of a trade-guild is more than the satisfaction we feel in the indignant remonstrance of the press. It was a foolish piece of business to thus fly in the face of accomplished facts. There is no longer such a question as, "Are women mentally and physically competent," or, "Shall they be entitled to the degree?" The address of Dr. Rachel Bodley, Dean of the Women's Medical College of Philadelphia, delivered last March, gives abundant statistics, obtained from one hundred and fifty-one graduates in active practice, to show that their success—social, professional, and financial—is quite as good as that of any equal number of medical men. The objections generally urged against this class are not valid when confronted by the facts of Dr. Bodley.

If these men, great undoubtedly in science, would put on real greatness it must rather be by extending to eager students of the other sex a helping hand and giving them such ample facilities for learning that despite social impediments they may become what they seek to be—well-equipped practitioners of medicine. After graduation, instead of consigning them to the limbo of professional outlaws, let us, rather, save them from that drift by the encouragements and restraints of fellowship in medical societies. In this way only can we silence the reproach heard on every hand that for fear of competition we not only begrudge them the privilege of learning but seek to bar them from public recognition after they have won the degree we would withhold.

THE PRESIDENT'S PHYSICIANS.

Our daily professional walks bring to each of us some feeling of responsibility proportionate to the gravity of the case and our own sensibility. It seldom comes to the lot of a doctor to carry the responsibility of a President's life and to stand before such a fierce light of scrutiny as that which beat upon his physicians. That they stood it so well ought to be a matter of general professional pride. The lasting judgment of the people will be much in the vein of the editorial which we quote from a secular source, the Louisville Courier-Journal:

Now that the last struggle is over, and the wounded man is at peace, it is but right that the people should understand something of the hopelessness of the President's case from the beginning. The wound was a desperate one; the ball was large and fired at short range. That death did not immediately ensue was itself almost a miracle. The surprise is not that now, after eleven weeks, his powers succumb, but that, wounded as he was, science and physical strength could have so prolonged the struggle.

The truth is, the President has had done for him all that skill and science knew how to do. The physicians and surgeons who have had charge of the case are not charlatans or pretenders. They are men who have fairly won their positions, and for what they have done in this case they are entitled to the confidence and gratitude of the people. The position they occupied was peculiarly delicate and exacting. The case itself was as hazardous, as hopeless as science has ever handled. It required knowledge, experience, foresight, courage, calmness, and endurance, and it was conducted under the supervision of an anxious and excited people. Every movement was subjected to the criticism of the wise and the ignorant alike. The surgeons were forced to explain every phase of the case and every means employed, or submit to explanations from those who knew nothing whatever of the matter.

It is not creditable to the medical profession that so many members of it should have assailed the attending surgeons so recklessly. It will not be to the credit of the people if they fail in any manner to recognize the value of the services which these men have rendered. The end was almost inevitable; the progress of the case stirred hopes that were born of despair. It is safe to say that any other course would have ended so. It is useless to speculate upon what might have been. It is but simple justice to men who have served this people faithfully to say that all they did was well done and that they have well earned the gratitude of the nation.

Correspondence.

LONDON LETTER.

PICTURES FROM THE INTERNATIONAL CONGRESS.

FROM OUR SPECIAL CORRESPONDENT.

PART II.

Editors Louisville Medical News:

The general meetings of the Congress were held in St. James's Hall. At the opening meeting the whole of that fine building, which holds upward of three thousand people with ease, was crowded from top to bottom, every gallery being filled to the furthest extreme, but entirely with blackcoats. Early in the history of the Congress the question of admitting medical women was raised; duly qualified medical women having been admitted to every International Congress yet held, and it might reasonably have been expected as a matter of course that they might be admitted to this also. At the meeting, however, of the General Committee, at the College of Physicians in the course of the summer, at which the general plan of the Congress was submitted by the Executive Committee, a resolution was included excluding medical woman. This resolution was received with considerable opposition, and an amendment was moved by Dr. West and seconded by Mr. Ernest Hart,

omitting the paragraph from the report and constituting the Congress as heretofore. It was then pointed out that it was not proposed to exclude homeopaths or hydropaths or any other person who possessed a legitimate degree, and all practitioners legally qualified to practice, and practice in virtue of the public wish, and of special legal provisions in England as in so many other countries. A considerable number of women are registered in Great Britian, and are members of some of the most respectable corporations and colleges. They are entitled to receive, and are winning with great distinction, the highest medical diplomas of London — the degrees of the University of London. They have a well-organized school at which the lecturers consist of picked men from all the London schools of medicine, and they have a hospital of which some of the most distinguished medical men are consulting officers; while on the Council of the London Hospital for Women are some of the most eminent names in the profession. To all this there was virtually no other reply made than the passionate declaration of Sir Wm. Jenner that he retained his personal antipathy to the practice of medicine by women in the strongest degree, and that he would refuse to enter a section or to preside at a Congress of which women were members. This declaration, made with all the excited impetuosity which distinguishes Sir William Jenner under the influence of strong feeling, produced a profound impression. First because Sir William Jenner would, it was known, be president of the College of Physicians at the time of the meeting of the Congress, and would therefore also be president of the Executive Committee, and that his defection, if it were merely a personal defection, would mean a defection of the highest official of the College of Physicians, to whom the Congress was at that moment indebted for the hospitality of its house, and was likely to be still more indebted for the next four months, and because it would involve considerable difficulties in the way of the formal replacement of the president of the College of Physicians by some one else as president of the Executive Committee. Moreover, the public and passionate opposition of Sir William Jenner at this critical moment, in the formation of the Executive of the Congress and the completion of its arrangements, might easily throw confusion into all the arrangements, and would certainly excite the formation of a party of opponents who would follow him in the matter, and thus introduce sources of disquietude, anxiety, and confusion in the organization of the Congress. This foreboding was intensified by the fact that Mr. Erichsen, the then president of the College of Surgeons, known hitherto as the friend of the cause of medical women, and actually acting as Consulting Surgeon of the Women's Hospital, which is exclusively officered by female physicians, followed Sir William Jenner with the remark that if Sir William Jenner retired he should also feel called on to retire and could not accept the office of President of the Surgery Section to which it was proposed to appoint him. Under these circumstances even many of the warmest friends of the women felt that persistence in supporting this principle of justice might lead to a wreck of the larger interests of the college. With a very little more speaking when the matter was put to the vote, the exclusion of women was carried by a narrow majority; while between twenty and thirty per cent, of whom it is certain the majority had intended to vote for the women, abstained from voting altogether.

This is a matter of history which might well have been forgotten but that the exclusion of women has been almost the only feature of the Congress, strangely enough, which has appeared in the daily papers, generally of much external interest, and more time and space has been devoted to commenting on it than on any other feature connected with the Congress. The course pursued has been strongly condemned by the Daily News, by the Pall Mall Gazette, and by the press generally; not, however, making due allowances for the circumstances of pressure under which the majority of the Congress gave way to the violent prejudices of important persons who still opposed it. The spirit in which the division was carried was sufficiently indicated by an observation of Sir James Paget immediately after the Division, who on being challenged with a somewhat dubious utterance on the point, said that the question concerning the admission of women of medicine was one of those questions in which, as he had always observed, "the voices of the men of Judah were louder than the voices of the men of Ephraim." The objectors to the admission of women were very strong and even violent in their objection, while those who supported them showed a tendency to compromise; as it was very much a matter of sentiment, it was a case in which the strongest sentiments were likely to prevail.

It was expected that a distinct objection would have been made in the Congress itself to the course taken by the Executive Committee, which had assumed a power which there was no reason to suppose they possessed in virtue of the organization of the Congress. The Congress is created only at the time of meeting, and the Executive Committee in ruling that they would exclude any particular class of qualified practitioners took a step which it was undoubtedly in the power of the Congress to overrule. It was stated that M. Warlemont, of Belgium, who was one of the earliest organizers of the first Congress and a sort of father of the International Congress, would have moved a resolution objecting to this constitution and proposing the admission of women. There is every reason to believe that if such a resolution had been moved it would have been carried almost by acclamation. But the organization of the general meetings took a shape of a highly despotic parental sort, and there was not the faintest chance for any one to move a resolution of any subject except a mere vote of thanks for the address. Moreover, at the first meeting the august presence of the two princes, and the peculiarly formal method of arrangement which gave the platform entirely to official persons, and excluded all who were not specially intrusted with duty from any part in the proceedings, rendered any spontaneous initiative impossible. A protest was handed in to Sir James Paget, signed by fifty qualified medical practitioners; but this protest was not read, and its existence is only known in the notice the press has taken of it.

The Countess of Granville, wife of the Foreign Minister, who gave a great reception on Saturday night, testified her personal disapproval of the illegality of the Congress by limiting her invitations to the wives of foreign members of the Congress only, and to a few of her personal friends among the wives of English members; to forwarding to Mrs. Garret Anderson a supply of cards of invitation, requesting that one might be sent to every qualified medical lady in the kingdom. Thus in addition to a few English ladies to whom invitations were especially forwarded — such as Mrs. Priestly, Lady Paget, Mrs. Marshall, Mrs. Ernest Hart, Lady Gull, Mrs. MacCormac—the only other ladies connected with the medical profession present were Mrs. Garrett Anderson, M.D., Mrs. Louisa Atkins, M.D., Mrs. Elizabeth Hoggan, M.D., Mrs. Marshall, M.D., Miss Peachey, M.D., Miss Barker, M.D., and some other lady doctors whose names I do not know. The foreign ambassadors and many of the leading peers and distinguished *literati* were present. Lord Houghton and several others who were present, whom I knew, asked me to introduce them to some of the leading lady doctors; and on the whole the honors of the night lay rather with them, and this ought in some way to indemnify them for the deprivation of the Congress.

It can not be doubted, however, that the exclusion of women has greatly damaged the medical profession in the estimation of the public, who regard it as one more evidence of the tendency to tradesunionism and narrowness of view, and it has been discussed in the most leading and influential organs of medical opinion as an example of the spirit of professional exclusion against which modern society needs to be upon its guard. It must be our object, and is the general object of the medical profession in all its work, to take broad and liberal views in respect to its right of excluding others from any useful exercise of its faculties. At the same time it proclaims for itself the broadest, most liberal, and unrestricted application to its own members; and any advantages which might be supposed to be derived from the exclusion of women is, in the opinion of the majority of thinking men, more than counterbalanced by the element of injustice and oppression with which such exclusion is fraught, and the unfavorable impression which it produces upon the minds of the most cultivated and influential persons in the country.

En revanche, we had the advantage of the society of the ladies at the brilliant *soirée* at South Kensington, as well as at the Guildhall and at the numerous garden-parties of the Congress, where it may be needless to say they added as much to the beauty of the scene as the vivacity and brilliancy of the entertainment.

My further notes of the Congress I must defer till my next letter.

PERNICIOUS INTERMITTENT FEVER.

Editors Louisville Medical News:

Please allow me to report a case of pernicious intermittent, and ask a question or two for information.

Joseph H., aged twenty-three, had been feeling badly for several days, being worse on alternate days. He saw his regular phy-

sician, who gave him some pills to act on his bowels. This was on the morning of August 10th. At about 11 o'clock of same day he was seized with a convulsion, which threw him out of bed, this being the first indication that he was at all sick. The family being very much alarmed sent for me, saying the young man had fallen out of bed dead. I found him a few minutes later lying unconscious with very heavy breathing, pulse quick and feeble, skin hot but moist about the neck, eyes set, unable to swallow, and lips and face somewhat cyanosed. By rubbing with whisky, etc. he soon rallied a little, to have another attack soon after. He had not been out of the house that day, so could not have been overcome by the heat.

I ordered whisky and brandy as soon as he could swallow, and quinia per rectum in thirty-grain doses every hour; but before he could be cinchonized he had several more convulsions, each being very hard. As soon as he began to come under the influence of the drug the convulsions ceased and his consciousness returned. As soon as possible he was given by the mouth quinia twenty-grain doses every two hours, together with the injection.

From that time on he has been doing well, with the exception of his urine, which he can not void. Was never troubled with any thing of the kind before. It is now several days since he was first taken, but he has not been able to pass one drop except what was drawn by catheter. The secretion is abundant.

Query: What is the cause of this retention? Is it from the disease or could it be from the large doses of quinia which he got?

R. J. LEONARD, M.D.

ST. LOUIS, MO., August 17, 1881.

The following comment on the above is by Prof. T. S. Bell:

This is a very interesting case of pernicious intermittent fever of the convulsive variety. The bold and efficient course pursued by Dr. Leonard saved the life of the patient. The case reminds me very strongly of the cases of pernicious intermittent fever reported by Haspel as occurring upon the western coast of Africa. His description shows that nearly all the vitalities of the constitution were overwhelmed. He says they were breathing corpses, there being scarcely any sign of life in them except a faint breathing. They were all restored to life by enemata of quinine in large doses. Dr. Leonard deserves credit for the skillful manner in which he treated the case.

Dr. Leonard asks in relation to the persistent retention of urine: "What is the cause of this retention? Is it from the disease or could it be from the large doses of quinine?" The retention is due to the disease. The walls of the bladder were paralyzed, but that will disappear in the course of time. In every case of intermittent fever, the urine is changed in its character, and the urinary apparatus may participate in the change. It is not an unusual thing for paralysis or persistent pain to appear in some of the limbs; I have been a victim to it, and have seen cases in other patients. Remember the case of the great Torti: After his recovery, perfect recovery in all other respects, from tertian intermittent fever, he was not able to touch any thing with his feet without the most intense suffering in his legs. While practicing his profession he had to be carried to his carriage and have his feet placed on pillows, and was carried into houses to visit patients. He was very fond of fox-hunting, but could not touch his stirrups with his feet. He described the feeling as being akin to that which a victim of amputation feels during the operation. This state of things lasted a long time with Torti after every other vestige of his intermittent had disappeared. Let me say to Dr. Leonard that he need not be afraid; his patient will perfectly recover if he is guarded against a relapse of his intermittent.

Reviews.

Wood's Library of Standard Medical Authors.
New York: Wm. Wood & Co. 1881.

A batch of these books such as lies before us would extort admiration from the coldest cynic. Never has the profession been offered so much good material for so small a price.

A Treatise on the Diseases of the Joints. By Richard Barwell, F.R.C.S., Senior Surgeon and Lecturer on Surgery, Charing Cross Hospital. Illustrated by numerous engravings upon wood. Second edition, revised and enlarged. This in its first edition was a popular treatise twenty years ago. It led the train of essays upon the joints which were issued about that time. We have the author's assurance that the revision has been so thorough as to require rewriting in all but a few words here and there. He classifies joint-diseases into those that begin in the

synovial membrane and those that begin in the bones. The joint-trouble of pyemia he regards as due to specific contagion the result of absorption, and not to the obstruction of blood-vessels.

He draws attention to the remarkable fact that hip-joint disease and phymosis or vulvitis coexist in a large proportion of the patients admitted to Charing Cross Hospital. He supposes that the frequent priapism of phymosed boys causes an irritable state of the spinal cord, which reacts upon the hip-joint.

The book is not only an exhaustive study of the subject, but also an accurate and definite guide in all practical matters.

Medical Formulary. By Lawrence Johnson, A.M., M.D., New York. Notwithstanding the indignant protest of some medical writers, formularies are appended to almost every practical book in medicine. It adds to their availability as part of the doctor's tool-chest for the writer to group his best agents ready to hand. Dr. Johnson has made a careful culling of prescriptions from the best known sources, and arranged them so as to form a pharmacopeia illustrating good methods of combining medicines. It will be esteemed as a useful book for reference.

The Diseases of the Bladder and Prostate Gland. By W. J. Coulson, F.R.C.S. Sixth edition. In twenty-three years every department of medicine has seen the rise and decline of many fashions. In that time we have learned much that is different from the teachings of the fifth edition, and hence the editor has made many alterations in the sixth. The science of urinary chemistry is now too great to be included in a treatise on any other subject, and must be dropped to find place for chapters on anatomy and on diagnosis.

Considerable space has been given to the causes of stone and the received methods of prevention.

The chapter on Bigelow's operation for litholopaxy is explicit and made abundantly clear by excellent illustrations.

It is asserted that a complete revolution in the doctrines hitherto held on lithotrity has been the result of this ingenious method of crushing and evacuating at one sitting.

A prodigious collection of facts attest the editor's industry and the wide range of his resources. That the book has reached a sixth edition is a guarantee of its value.

General Medical Chemistry; for the use of Practitioners of Medicine. By R. A. Witthaus, A. M., M. D., Professor of Chemistry and Toxicology, New York. The reader of this title must smile if he have any sense of humor and knowledge of the uses that the average practitioner has for general chemistry. But few doctors consult a chemical work after college-days are over. The strictly medical relations of chemical science are sufficiently discussed in works on urinology, materia medica, and toxicology. No man is any the worse for knowing something of chemistry, though the doctor's needs for it are not many in every-day life.

Dr. Witthaus has given very little space to purely technical processes. His allusions to the applications of chemistry to hygiene and medicine are frequent and valuable. For instance, water is well discussed, first as a compound, then as natural water, then as potable water with its possible impurities, and lastly as mineral water. The notation is modern, the metric system of weights and measures alone referred to, and the temperatures in Centigrade degrees. In writing of the philosophy of chemistry and formulæ of constitution the author has not spared space. It is quite a worthy companion to the other standard volumes.

A Treatise on the Continued Fevers. By James C. Wilson, M.D., Lecturer on Physical Diagnosis at Jefferson Medical College, Philadelphia, etc. With an Introduction, by J. M. Da Costa, M. D. This book begins with a short essay on the Management of Fever, by Dr. Da Costa. Though much has been said on the subject of late, the whole that should be said is yet untold. The preservation of cleanliness, the careful administration of diet and medicines, the deportment of nurses, and other kindred themes are worth dwelling on by the best of minds. The essayist counsels moderation in drinking as well as feeding. He treats chiefly the symptoms until the poison is eliminated or its results disappear.

Within the scope of the book falls simple continued fever, influenza, cerebro-spinal fever, enteric or typhoid fever, typhus fever, relapsing fever, and dengue. It is marked by research and discrimination in dealing with what others have done and thoughtfulness in all that may be considered the author's own. The great importance of this group of fevers has been fitly met by this treatise.

Clinical Lectures on the Diseases of Old Age. By J. M. Charcot, M.D., Professor in the Faculty of Paris, etc., etc. Translated by Leigh H. Hunt, B. Sc., M. D. With additional Lectures, by Alfred L. Loomis, M. D.

This is a collection of twenty-one lectures by Charcot and ten by Loomis. The first-named writer is now as popular in this country as Trousseau once was. He has some of the qualities that made Trousseau eminent. Here as elsewhere he shows perfect acquaintance with the medical literature of the great modern tongues. His method of teaching is singularly clear and at the same time graceful and eloquent. His part deals with the general characteristics of senile pathology, the febrile state, rheumatism, and gout. There are three lectures illustrating the clinical importance of thermometry in old age.

Prof. Loomis, whose abilities are too well known to require comment, lectures upon senile pneumonia, bronchial catarrh, asthma, atheroma, fatty heart, apoplexy, cerebral softening, chronic gastric catarrh, constipation, and hypertrophy of the prostate gland.

Medical Societies.

THE INTERNATIONAL CONGRESS.

AN ADDRESS DELIVERED AT THE OPENING OF THE SECTION OF SURGERY.

BY JOHN ERIC ERICHSEN, F.R.S.

Consulting Surgeon to University College Hospital; President of the Section.

[From the British Medical Journal.]

GENTLEMEN—Surgery is never stationary. To be stationary while all around is in movement would be practically to retrograde. But movement does not necessarily mean advance. The general direction of the movement may undoubtedly be forward, but the factors of that movement do not all equally tend to progress. When the history of surgery comes to be written—and this has never yet been done—it will be found that the surgery of the nineteenth century has not been uniform in its progress in all departments; that its advance has not been continuously in one line; but that its progress has been materially affected by the prevailing bias of the professional mind of the day.

The executive of this Section has proposed eight subjects for the consideration of its members. It is hoped that these will be found to include the more important surgical questions that are at present most prominently before the profession.

I will now briefly refer to the more important subjects that have been set down for our consideration.

1. In no department of surgery has a more marked or a more brilliant advance been made of late years than in that which concerns the operative treatment of intraperitoneal tumors. The establishment of ovariotomy as a recognized surgical operation has now long been a matter of history; but the perfection of safety to which it has of late years been carried, by the improvement of its details, has led the way to a vast and rapid extension of operative surgery for the cure or relief of various diseased abdominal organs. The uterus and the spleen, the stomach, the pylorus and colon, have each and all been subjected to the scalpel of the surgeon, with what success has yet to be determined; and it is for you to decide whether some, at least, of these operations constitute real and solid advances in our art, or whether they are rather to be regarded as bold and skillful experiments upon the endurance and reparative powers of the human frame—whether, in fact, they are surgical triumphs or operative audacities. There must, indeed, be a limit to the progress of operative surgery in this direction. Are we at present in a position to define it?

2. In the discussion of the next great question, I would submit that we may with advantage direct our attention less to the mere mechanical—the simple operative part of the business, the details of which are now well understood—than to the consideration of those higher questions as to the diagnosis and nature of the various forms of renal disease, in which nephrotomy and nephrectomy may be respectively used with a reasonable hope of relief or cure. And in considering the prospects afforded by these operations in the improvement of the health and the mitigation of the sufferings of the patient, it is surely not the least interesting point for us to study the after physiological effects produced on the system by the extirpation of so important an eliminatory organ as the kidney.

3. We naturally pass from the consideration of operations on the kidney to that of those which implicate the bladder; and in doing so we have specially to direct our attention to the question as to what advances have of late been made in lithotomy and lithotrity.

In lithotomy we see much of change, possibly something of novelty, but not so certainly any thing of real progress. Have we, indeed, advanced one single step, either in the perfection or in the results of that operation since the days of Cheselden, of Martineau, or of Crosse, not to mention the names of more recent, but equally illustrious, surgeons and successful operators? The revived median, the combination of it with lithotrity, the suprapubic, whether done antiseptically or not, have certainly not been very encouraging in their results, and can scarcely claim to be considered in the light of an advance on the old lateral operation in skillful hands. But yet we must admit that these methods of lithotomy may deserve this consideration; that possibly, in some forms of calculus, and in certain conditions of the urinary organs, a wise eclecticism may be exercised in choosing one or other of them. In lithotrity, however, it is probable that a great and real advance has been made, and certainly it is undoubted that a complete revolution has been effected by the enterprise and skill of one of our American brethren; for it can not be questioned that "Bigelow's operation" has completely changed the aspect of lithotrity, and there is every reason to believe that it constitutes one of those real advances in a method which marks an epoch, not only in the history of the operation itself, but in the treatment or the disease to which it is applicable.

But here a fertile field opens up for our deliberation. We have to consider, not only in what cases as regards the mere size of calculus "Bigelow's operation may safely be used, but also, and far more important than this, the ultimate result both upon the bladder and the kidney of prolonged intravesical instrumentation. The mere question as to the comparative advantages of removal of stone by one or by several sittings, is dwarfed by the more important one of

determining the state of the bladder that results, not perhaps so much as concerns the life as the future comfort of the patient. It is here that information is much needed; and it is here that, unfortunately, but for very obvious reasons, the lithotritist himself may in many cases be unable to furnish it.

4. Prehistoric man was doubtless a victim of injury before he became the sufferer from disease, and the treatment of wounds constituted probably the first effort of the healing art. From the earliest dawn of human intelligence the attempt to cure a wound must have suggested itself to man; and yet at the close of the nineteenth century we are still discussing the best methods of doing this and the causes of their failure. There is still difference of opinion and of practice among surgeons, not only as to the comparative advantages of the "open air" method, and that in which all atmospheric contact is guarded against; of the "dry" and of the "moist" system of dressing; as to whether the "antiseptic method" in a modified form suffices, or whether the more elaborate system of local treatment before, during, and after an operation, which has been devised by the skill and worked out by the unwearied labor of Lister, be essential in all cases of operation wound. Not, of course, for its primary union—for this may be obtained by any and every of the methods mentioned. If it be contended that this system is necessary for the safety of the patient, and the due healing of the wound in some cases has it been proved to be equally essential in traumatic lesions of all tissues, of all organs, and of all regions?

5. The treatment of aneurism is one of those great questions which, from an early period in the history of modern surgery, has occupied the attention of practitioners, and has undergone no little fluctuation. A few years ago the battle between the ligature and compression appeared to have been decided in favor of the latter; but the invention of the improved ligatures, made of various kinds of animal tissue, and applied with antiseptic precautions, has once more inclined the balance of professional opinion toward the Hunterian operation. But now again the practice of compression has received renewed strength from the employment of Esmarch's elastic bandage in the cure of certain forms of external aneurism; and it is for you to determine in what cases it can be used with advantage, and in what way a cure is effected by its means. For, in the treatment of aneurisms, as in that of so many other surgical diseases, the wiser and more scientific course is to follow a judicious system of selection in the methed to be employed in each particular case, rather than subject all to one unbending line of practice.

6. The treatment by resection of some forms of chronic and otherwise incurable joint-diseases has in certain articulations and at suitable ages, met with universal approbation of surgeons, and the wide extension of the principles of "conservative surgery" is one of the most striking evidences of advance in our art in modern times. Resection has, however, of late years come to be extensively applied to the treatment of cases of articular disease which formerly were subjected to procedures of a less heroic character; and it will be for the members of this section to weigh carefully the wisdom of such a measure, and to contrast its results, both as regards life of patient and after-utility of limb, with those which may be obtained from the employment of milder means, such as absolute immobility with extension, and possibly, in some cases, simple incision of the articulation.

7. In considering the relations between adenoma, sarcoma, and carcinoma, in the mammary gland of the female, I would venture to submit that this subject has to be discussed here from its clinical rather than from its pathological side. We have here less to do with the ultimate structure of the tumors, with their histological affinities, with the parts that are played by epiblasts and mesoblasts, with what epithelium or connective-tissue cells can or can not do, than with their clinical history, their differential diagnosis in their earlier stages, the best time for their removal by operation, the liability to recurrence after operation, and the possibility in recurrence of the substitution of one form of disease for another. With these, and such questions as these, we, as clinical surgeons, may advantageously occupy ourselves.

8. The last subject set down for discussion is one that has practical bearings of an importance that can not be overestimated. There are few questions of the present day of deeper surgical or social interest than the far-reaching, the apparently illimitable, and most pernicious extension of a syphilitic contamination of organs and tissues; of the modifications impressed by it on other diseases that are the local developments of diatheses, whether strumous, tubercular, rheumatic, or gouty. Does the diathesis exercise any influence upon the form assumed by the syphilitic disease, and to what extent does it modify the characters presented by it in its primary and secondary affections, more especially when the latter manifest themselves upon the skin or in the bones? How far are gummata and caries, psoriasis and rupia, the consequences of a constitutional impress, influencing the direction of the syphilitic poison? To what extent may rickets and gray granulations be the ultimate products of the syphilitic taint? These and various other questions will probably occupy the attention of those who enter on the discussion of this wide-spreading subject.

PROCEEDINGS OF SECTION OF OBSTETRIC MEDICINE.

THE EXCITING CAUSES OF HYSTERIA AND HYSTERO-EPILEPSY. By Graily Hewitt, M.D., F.R.C.P. (London):

The object of the paper was to demonstrate, by the results of clinical observation, that in cases of hysteria and so-called hystero-epilepsy the exciting cause of the attacks was distortion of the uterus produced by flexion of the uterus upon itself either forward or backward. The attacks were the result of reflex irritation, the irritation consisting in the physical compression and tension of the tissues of the uterus consequent on the forcible bending of the body of the uterus on the cervix. This bending had the effect of producing compression of the uterine tissues at and near the angle of flexion, and by its interference with the circulation in the uterine tissues it had the further effect of producing a continuous congestion of the body of the uterus. The evidence offered by the author in support of the above explanation was the recital of eighteen cases observed by him during a period of ten years. In these some of which were cases of severe attacks of hysteria, others identical with those described as cases of hystero-epilepsy, and a few in which the symptoms were of a less severe character, the condition of the uterus was carefully investigated. Marked distortion of the uterus was present in all the cases, the most severe cases being those in which the uterine distor-

tion was greatest. Complete relief from the attacks and hysterical symptoms was obtained in these cases by a treatment directed to the removal of the uterine distortion. Out of eighteen cases perfect relief was known to have been obtained in seventeen; the subsequent history was not fully known in one case. Of the eighteen cases related, twelve were cases of anteflexion of the uterus, and six were cases of retroflexion. The complete cessation of the hysterical symptoms in the cases related, and the uniform success of treatment directed to the rectification of the shape and position of the uterus, showed, in the author's opinion, that the exciting cause of the attacks was the flexed condition of the uterus.

THE CURABILITY OF UTERINE DISPLACEMENTS. By Paul F. Mundé, M.D. (New York):

Finding that the text-books either entirely omitted all mention of the possibility of permanently curing displacements of the uterus by any of the methods in use, or gave but vague statements upon the subject, and impressed with the importance of having some positive conclusions on this matter, both for the sake of the patient and the satisfaction of the physician, the author had analyzed the cases of displacement which had come under his care (895), and had arrived at the following conclusions:

1. Displacements of the uterus are permanently curable in the large majority of cases only when recent or when a complete tissue-metamorphosis, as occurs during pregnancy and after parturition, takes place.

2. Chronic cases (of more than a year's standing) are but rarely curable permanently, except occasionally under the last-named circumstances. Apparent cures reported by some authors and witnessed by many physicians, soon show themselves to have been but temporary.

3. Pessaries form unquestionably the most practical, rational, and (temporarily) the most efficient means of treating uterine displacements. Cures are but rarely accomplished by them.

4. Medicated (chiefly astringent) tampons, intelligently applied every day by the physician, give the best chances for permanent cure. This is particularly true of prolapsus, but holds good for all forms.

5. Electricity locally applied deserves more extended application.

6. All methods should be persevered in for months or years before success is to be expected.

ON THE TREATMENT OF PUERPERAL HEMORRHAGE. By R. Barnes, M.D. (London):

The author gave a rapid glance at the conditions which predisposed to hemorrhage, the physiological conditions which opposed hemorrhage, and showed how disorder of these conditions entailed hemorrhage. He took as a starting-point physiological puerperal hemorrhage—viz. the loss of the excess of blood which, having served in the nutrition of the fetus, was expelled from the uterus during and after the detachment of the placenta. Any loss beyond this became extra-physiological hemorrhage, and required the assistance of the physician to check it. He enumerated the hemostatic powers of the uterus—irritability, retractility, and contractility—irritability derived directly from the ganglionic centers; contractility derived from the spinal and cerebral centers. To affect these two sources it was necessary to act in different ways. He enumerated the modes adopted by Nature for the repression of hemorrhage: 1. The regular and continued contractions of the uterus; 2. The coagulation of blood in the vessels of the uterus; 3. The reduction of the cardiac pressure, sometimes almost to syncope; 4. The turning aside of the blood-flow from the generative organs. To guide in the choice of remedies the author divided hemorrhage into different degrees, according as the diastaltic function was (1) maintained intact, but its action disordered; (2) markedly diminished; (3) suspended. In the first degree it was endeavored to secure contraction of the uterus by the aid of cold, heat, ergot, and the rest. In the second degree recourse was had to the same order of remedies, but with more discretion, inasmuch as they were all capable of overtaxing the remaining powers of the patient. The author analyzed the relative powers of ergot, heat, and cold. In the third degree remedies useful in the first two stages were often harmful. In this extremity appeal was made to the innate retractility of the uterus, which survived the loss of reflex contractility. The author discussed the rejected faradization. In the absence of muscular contraction an equivalent might be found in the corrugation of the internal surface of the uterus by styptics. He compared the two best known—iron and iodine. Iodine, sometimes useful, often disappointed the physician. The author therefore trusted to iron. He traced the conditions under which iron should be employed; the preparation and method of its application; the dangers attending its use; and the way to avoid them. He analyzed the dangers of uterine injections—ferruginous or others—and showed that the dangers peculiar to iron-injections were few, and for the most part avoidable. The general conclusion of the author was that iron-injections were capable of rescuing women from the dangers of hemorrhage when all other means had failed.

Formulary.

ZOEDONE.

The English chemists have lately been giving a good deal of attention to the making of "temperance" beverages, among which *zoedone* is one of the most popular. This is an effervescing phosphorated ferruginous water, which was invented and patented some three years ago by David Johnson, F.C.S. It is described as a most pleasant and refreshing drink, in which the peculiar iron taste is said to be very successfully masked by a peculiar flavoring syrup, which alone is kept a secret. The quantities of the active ingredients in each small champagne-bottle are given by the patentee as follows.

Calcii phosphas.....	gr. ij½;	0.16 Gm.;
Ferri phosphas.....	gr. j;	0.06 "
Potassii phosphas.....	gr. ⅕;	0.01 "
Sodii phosphas.....	gr. 1/12;	0.005 "

This may serve as a hint for our Yankee inventors. —*Boston Journal of Chemistry.*

BURNS FROM BOILING SULPHURIC ACID.

These were treated by Alanore (*L'Union Pharm.*; Medical Bulletin) with a soft paste of calcined magnesia and water. This was laid on to the thickness of about a quarter of an inch, and relieved the intense pain in fifteen minutes from the time of application. The dressing was frequently renewed, especially if it cracked. The burned places healed rapidly and without ciatrices.

Miscellany.

THE AUTOPSY OF THE PRESIDENT'S BODY was conducted with great care; three hours were consumed by it. After a search of nearly an hour the ball was found somewhat battered by the force with which it struck the rib. It is plain now that death was inevitable.

The following official bulletin was prepared by the surgeons who had been in attendance:

By previous arrangement the post-mortem examination of the body of President Garfield was made in the presence and with the assistance of Drs. Hamilton, Agnew, Bliss, Barnes, Woodward, Reyburn, Andrew H. Smith, of Elberon, and Acting-Assistant Surgeon D. J. Lamb, of the Army Medical Museum at Washington. The operation was performed by Dr. Lamb. It was found that the ball, after fracturing the right eleventh rib, had passed through the spinal column, in front of the spinal canal, fracturing the body of the first lumbar vertebra, driving a number of small fragments of bone into the adjacent soft parts, and lodging just below the pancreas, about two inches and a half to the left of the spine and behind the peritoneum, where it had become completely encysted. The immediate cause of death was secondary hemorrhage from one of the mesenteric arteries adjoining the track of the ball; the blood rupturing the peritoneum and nearly a pint escaping into the abdominal cavity. This hemorrhage is believed to have been the cause of the severe pain in the lower part of the chest complained of just before death. An abscess cavity, six inches by four in dimensions, was found in the vicinity of the gall-bladder, between the liver and the transverse colon, which were strongly inter-adherent. It did not involve the substance of the liver and no communication was found between it and the wound. A long suppurating channel extended from the external wound between the loin muscles of the right kidney almost to the right groin This channel, now known to be due to the burrowing of the pus from the wound, was supposed during life to have been the track of the ball. On examination of the organs of the chest evidences of severe bronchitis were found on both sides, with broncho-pneumonia of the lower portions of the right lung, and, though to a much less extent, of the left. The lungs contained no abscess and the heart no clots. The liver was enlarged and fatty, but free from abscesses. Nor was any found in any other organ except the left kidney, which contained near its surface a small abscess about one third of an inch in diameter.

In reviewing the history of the case, in connection with the autopsy, it is quite evident that the different suppurating surfaces, and especially the fractured spongy tissue of the vertebra, furnish sufficient explanation of the septic condition which existed.

D. W. BLISS, J. K. BARNES,
J. J. WOODWARD, ROBERT REYBURN,
FRANK H. HAMILTON, D. HAYES AGNEW,
ANDREW H. SMITH, D. J. LAMB.

AN INTERNATIONAL PHARMACOPEIA.—One step toward the "federation of the world" has been taken. In these days of close commercial relations among the nations the necessity for uniform coinage, weights, and measures is often alluded to. The international bonds which science is weaving have been strengthened by the proposition for uniformity in the more potent formulas—such as laudanum, Dover's powder, etc.—which medical men every where are in the habit of prescribing.

It was certainly a curious coincidence, says the Pharmaceutical Journal, that after the first day of the Congress, when not only the number and importance of the delegates had assured its success, but a decision had been arrived at that the work of an international pharmacopeia, as distinguished from a universal pharmacopeia, should be taken in hand by pharmacists, an invitation was received from the executive of the Medical Congress, which had previously not shown an excess of sympathy with the less exalted branch of medicine, to join the section of Materia Medica and Pharmacology in the discussion of the same question. The invitation was accepted, and the subject having been introduced by Prof. Eulenberg, an animated discussion followed. As a result it was decided to appoint a committee consisting of two delegates from each country represented at the Medical Congress to cooperate with the similar committee appointed by the Pharmaceutical Congress in drawing up a scheme that might ultimately form the basis of an international pharmacopeia. The representatives for the British Islands are to be Dr. Fraser and Dr. Lauder Brunton. The council of the section is to continue in existence as a central organization, and the secretaries are to be Prof. Roberts and Dr. Buchanan Baxter. The consideration of the constitution of this committee was enlivened by a check to "home rule" from an unexpected quarter, a plea for a separate representation for Ireland being met by Prof. Wood with the remark that if it were allowed he should ask for a representative for each of the United States.

THE reports of the International Congress, as published by the English journals, are so full of valuable matter that we intend to make liberal selections for the benefit of our readers.

ERRATUM.—In the review of Dr. Gross's book on Impotence, instead of "the man is at fault in proportion of six to one," read "in the proportion of one in six."

A TABULATED STATEMENT OF THE CASES TREATED AT THE LOUISVILLE CITY HOSPITAL DURING AUGUST, 1881.—Reported by Andrew Seargent, M. D., Resident Physician:

Phthisis	29	Enlarged prostate	1
Syphilis	19	Cystitis	1
Chancroids	16	Burns	1
Intermittent fever	21	Ecthyma	1
Remittent fever	10	Synovitis	1
Ulcers	16	Worms	2
Tramps	9	Frost-bite	2
Alcoholism	12	Abscess	2
Pregnancy	17	Sprains	3
Infancy	15	Peritonitis	2
Epilepsy	6	Stricture urethra	3
Wounds	6	Fractures	5
Endometritis	7	Necrosis	1
Diarrhea	7	Granular lids	1
Rheumatism	8	Iritis	1
Menorrhagia	4	Keratitis	1
Diseased rectum	2	Entropion	1
Hemorrhoids	2	Hydrocele	1
Organic heart-disease,	2	Sunstroke	2
Typhoid fever	3	Facial neuralgia	1
Dysentery	3	Emphysema	1
Paralysis	4	Pneumonia	1
Eczema	1	Cholera infantum	3
Uterine retroversion	2	Pleurisy	3
Subinvolution	2	Sciatica	3
Rectal fistula	2	Insanity	2
Bubo	2	Cirrhosis liver	1
Bright's disease	1	Gastralgia	1
Spinal curvature	1	Eczema	1
Prolapsus uteri	2	Pelvic cellulitis	2
Conjunctivitis	3	Exophthalmic goiter	1
Cancer	3	Hysteria	2
Tumor on neck	1		

Total number treated during the month..... 292

Deaths during the month..... 17

READY METHOD OF PREPARING FOMENTATIONS.—Take your flannel, folded to the required thickness and size, dampened quite perceptibly with water, but not enough to drip, and place it between the folds of a large newspaper, having the edges of the paper lap well over the cloth, so as to give no vent to the steam. Thus prepared, lay it on the heated surface of the stove or register, and in a moment steam is generated from the under surface and has permeated the whole cloth sufficiently to heat it to the required temperature. This method is often very convenient and efficient where there is no opportunity to heat much water at a time. *Michigan Med. News.*

A MAN WHO NEVER HAD ANY TEETH.—Among the deaths registered in the March quarter was that of a man, aged eighty, who died in Pallaskenry, Rathkeale Union, and who, it is related, never had a tooth in his head, whether as a child or during manhood. —*British Med. Journal.*

Selections.

Dr. Koch's Demonstrations on the Germ Theory.—From the Medical Times and Gazette of August 20, 1881:

Among the many interesting facts brought forward and the discussions held during the Congress, none surpassed, if indeed any equalled, the work done by Dr. Robert Koch, of Berlin. He first showed some of the new methods of cultivation, which surpass in beauty and simplicity, as well as in usefulness, any thing that has yet been done in this way. He began to study the growth of pigment bacteria on boiled potatoes, and soon observed that as the organisms were there growing on a firm substratum they did not become mixed up with each other or with accidental contaminations, and he could always find a spot where the bacterium was pure. He could then inoculate another potato from this spot, and obtain the organism pure. Any organism introduced accidentally grew only where it fell, and thus a pure cultivation from a pure part was always possible; on the other hand, if these organisms had been growing in a fluid, the introduction of another form would have rendered them impure for ever. Dr. Koch exhibited specimens of *micrococcus prodigiosus* which produces a red pigment, and also of the bacillus which causes blue pus, and that which causes blue milk. Other forms of bacilli were shown which microscopically were indistinguishable, but which could be at once separated from each other by differences in their mode of growth on solid substances. The advantages of a solid rather than a liquid cultivating material being thus apparent, Dr. Koch next turned his attention to the solidification of other cultivating materials, such as would nourish pathogenic bacteria, and he found that by the addition of gelatine to the fluid, used in the proportion of 3 or 4 per cent, a solid cultivating material was obtained, whose power of nourishing organisms was not in any way interfered with by the presence of the gelatine.

Some of this material, being rendered fluid by heating and spread out on a slide, was allowed to solidify; then bacteria could be sown on it, and their mode of growth watched with a low power of the microscope. Thus, a minute quantity of dry earth was scattered over such a slide, and in a few hours development could be seen to be accruing around almost every particle. In this particular specimen seven different sorts of bacilli were present; many of these could not have been distinguished from each other by the microscope, but a difference was at once observed between their mode of growth on the solid substance, some forming round balls, others growing out in a star-shaped manner, others growing in a fine network, etc.

In the same way the number and nature of the organisms present in any given quantity of air could be estimated. A broad shallow vessel was filled with the gelatine mixture and exposed for a given time to the air. At every point where an organism fell on it, growth occurred, and thus the number and nature of the organisms present could be at once ascertained. But, further, as each organism was a pure cultivation, pure flasks could be inoculated from each variety, and thus its further life-history and pathogenic characters could be investigated.

Similarly with water. The material in a test-tube having been rendered fluid, a given quantity of water

was shaken up with it until solidification occurred. At every point where an organism was present in the water, development occurred, and thus the number and nature of the organisms present in a given specimen could be at once ascertained.

Dr. Koch also exhibited some of his pathogenic bacteria. Animals which had been killed with anthrax were shown. The fatal nature of the poison was demonstrated; the constant presence of the *bacillus anthracis*, its mode of growth in the gelatine substance, and its virulent properties after having been grown in it, were all made apparent. The bacillus of mouse septicemia, which is described in his work, was shown in a similar manner. For several months this organism was cultivated in gelatine blood serum, forming a fine cloudy mass and retaining its form and other characteristics. A minute drop of this was placed under the skin of a mouse. This animal died in forty-eight hours; and in its blood were numerous bacilli. Another mouse inoculated from this blood also died. In gelatine inoculated with this blood these organisms developed; and after further cultivations with this, the minutest drop killed another mouse. Septicemia was shown in pigeons, rabbits, mice, etc., due to a minute bacillus of peculiar form, resembling in appearance the organism of the "*choléra des poules*" of Pasteur. The same sort of proof was given with regard to this organism as in the former case. And lastly, a beautiful form of erysipelas was shown in the ear of rabbits caused by the inoculation of the rod-shaped bacillus of the septicemia of mice; this sometimes, though not always, killed the animals.

The importance of these experiments can scarcely be estimated at present, but there is no doubt that they show a great advance, and no work has more tended to throw light on the complicated subject of pathogenic bacteria than that of Dr. Koch. Dr. K. lays great stress on the value microphotography as essential to an accurate record of facts; and photographs which he showed on Friday were certainly very fine examples of what can be done in this way.

The Action and Uses of Citrate of Caffein.—Dr. Brackenridge (Edinburgh Med. Journal), in an article on this subject, gives the following conclusions regarding the employment of citrate of caffein:

1. In cases in which the renal glandular epithelium is diseased, is already doing a maximum amount of work, or is exhausted, this drug is unsuitable and it should not be administered.

2. During recovery from acute desquamatic nephritis, when renewal of the renal epithelium had reached a certain point, citrate of caffein cautiously administered has appeared to me to have had a decidedly beneficial effect; possibly in such cases it may exert a trophic as well as a secretory stimulant influence.

3. In such cases, as the arterial blood-pressure is tolerably normal, citrate of caffein should be given alone, not in combination with a vascular diuretic.

4. In cases of cardiac disease, with absence of compensation, and resulting diminution in the blood-pressure and flow of blood through the kidney, general dropsy, and transference of work in the kidney from the filtering to the secreting structures, a vascular diuretic, such as digitalis, must be employed in the first place to restore those conditions in the kidney which are essential to the action of citrate of caffein. For this purpose digitalis should be administered for a short period—one to three or four days—before commencing the citrate of caffein.

5. Citrate of caffein employed in this manner in conjunction with digitalis—which, for obvious reasons must not be discontinued when the caffein is commenced—is a diuretic of extraordinary power, acts with great rapidity, and is especially valuable in this respect, that it causes a great increase in the elimination of urea (and probably of other solids) as well as of water.

6. It must, however, be remembered that special and powerful stimulation of any gland, especially if it be in a state of malnutrition, may, and usually does, lead sooner or later to exhaustion and must therefore be regarded as at best a temporary expedient and of limited duration.

7. For this reason very large doses of citrate of caffein should be avoided. He has found gr. iii, administered once, twice, or three times daily, according to the circumstances of the case, amply sufficient for all purposes.

8. Whenever the beneficial effects of the drug have been attained, we should at once endeavor to render them permanent by suitable diet, well-selected chalybeate and other tonic remedies, or other remedial measures indicated by the special circumstances of the case.

9. Finally, in cases of very great ascites, where blood-pressure in and the flow of urine through the kidneys is interfered with by pressure on the kidney and renal artery and vein, and in which the pressure of the urine within the capsules is increased by pressure on the ureters, neither vascular nor secretory diuretics, alone or combined, can act efficiently until the pressure of the ascitic fluid has been got rid of.

10. The citrate of caffein may be administered either in pill or in solution.

Hypodermic Injections of Morphia.—Dr. Dujardin-Beaumetz employs one gram of chlorhydrate of morphia dissolved in fifty grams of cherry-laurel water, a gram containing two centigrams of the salt. He begins by injecting from five to ten milligrams in cases of lesion of the aorta (contraction or insufficiency), to relieve dyspnea, attacks of angina, cardiac pain, and the symptoms of cerebral anemia, such as vertigo and lipothymia. The injection may be made in the dorsal surface of the forearm, the walls of the abdomen, or better still, in the vicinity of the pain.

If the morphia is ill tolerated and induces vomiting, the following solution may be used: Chlorhydrate of morphia, ten centigrams; neutral sulphate of atropia, one centigram; and cherry-laurel water, twenty grams. A gram of this contains half a centigram of morphia and half a milligram of atropia, and the whole syringeful may be injected. More favorable results are often obtained from this than from morphia alone. Before any of these injections are used we should be certain that the kidneys act regularly.—*Union Med.*

Pepsin as a Solvent in Albuminous Obstruction of the Bladder.—Dr. Hollmann reports the case (*Nederl. Weekbl.*) of an old man, aged eighty, suffering from retention of urine, in whom the introduction of a catheter failed to procure the desired result. It was found that the bladder contained coagulated albuminoid masses mixed with blood. A few hours after the injection of about sixteen grains of pepsin dissolved in water, a large amount of a dark, viscid, fetid fluid readily escaped by the catheter.—*London Med. Record.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

DEATH OF PROF. JOHN E. CROWE.

We very perfectly realize with Job, "We are but shadows." But yesterday Dr. Crowe stood before his companions almost the perfection of physical health. To one of his colleagues he declared, as late as 3 o'clock in the afternoon, that he never was in more robust and vigorous health; that he never felt better prepared to fulfill his duties to the University. At half past 10 o'clock that night he had passed into eternal rest. This sudden blow came as a shock that was stunning. We looked around and wondered who was to be the next victim, but all reckoning was lost when we reflected upon the condition of our friend and colleague but the day before.

Dr. Crowe was born in Louisville, Ky., in 1829, and he received a good classical education. He was graduated by the University, and began the practice of his profession in this city. He speedily commanded the confidence of the people, and rose into a very fine practice.

Prof. Crowe enjoyed largely the esteem of his professional brethren. In 1868 he was called to the chair of Obstetrics in the University of Louisville, in which he opened a grand career of usefulness. Among his professional colleagues in the University he stood very high. He was urbane and pleasant at all times, and his entire life was devoted to usefulness in his profession. Integrity, straightforward dealing, and frankness were conspicuous elements in his character. But in depicting his eminent worth we are as much at a loss as Tennyson was in "In Memoriam," dedicated to memories of his dead friend:

> "What practice, howsoe'er expert
> In fitting aptest words to things,
> Or voice the richest-toned that sings,
> Hath power to give thee as thou wert?
>
> . . . . . .
>
> "So here shall silence guard thy fame;
> But somewhere, out of human view,
> Whate'er thy hands are set to do,
> Is wrought with tumult of acclaim."

Prof. Crowe has suddenly passed away from among us, but memories of his life will long linger among the cherished recollections of those who knew him. He fell in the very prime of his life, in the very vigor of his professional usefulness. He bade fair for a long continuance of his excellent life. No one who saw him upon the day of the funeral ceremonies of the President of the United States, and in the very midst of the sorrowings of the civilized world on that event, could have imagined that death was speedily to set his inexorable seal upon a life rejoicing in strength, health, and peace. At half past 10 o'clock on Monday night, September 27th, Dr. Crowe suddenly passed from life into "the valley and shadow of death." He was in the fifty-third year of his age, and was approaching the fourteenth year of his occupancy of the chair of Obstetrics in the University. T. S. B.

PASTEUR'S VACCINATIONS.—The extension of the principle of vaccination as a protection against specific contagia has been a favorite dream of the pathologists ever since

Jenner's discovery received its merited recognition. If smallpox could be thus prevented, why not other diseases of like character? The methods by which Jenner made his discovery yielded no important consequences, unless the process of syphilization be so considered.

The remarkable success which has attended Pasteur's labors as a student of the diseases of wine and beer, of the silkworm, and of the grapevine have prepared us to hearken with attention to all he has to communicate. At the International Congress his announcements were received with a degree of enthusiasm whose contrast with the opposition Jenner encountered is a striking proof of the change time has wrought in the attitude of men of science to discoverers.

The distinguished Frenchman has put the world in possession of a means of preventing chicken-cholera, and also the splenic fever of cattle, by vaccination of virus prepared by his peculiar processes given in his own words elsewhere. It is obvious that great benefit shall accrue to farmers and indirectly to the human family if these pests are stamped out. Hardly less valuable are the impulse and direction given to the study of human pathology by the promise which it holds out.

No Muriate of Tin in Sugar.—So much alarm has been spread about by reports on adulteration of sugar that special prominence should be given to the conclusions of painstaking inquirers even if these are wholly negative. Prof. Hyndman, of Cincinnati, has recently made an investigation into this matter, with results which may be summarized as follows: Notwithstading the denial of sugar-refiners, muriate of tin is used for bleaching sugars. The amount required for this purpose is exceedingly minute. The products of four refineries yielded no trace of tin to the most delicate tests. The tin, if used in their preparation, was probably removed by the washings to which sugar is subjected after crystallization.

Original.

ON INFANTILE DIARRHEA.

BY DOUGLAS MORTON, A.M., M.D.*

On one of those very hot days in July a mother with a sick child was seen in a street-car on one of the lines extending out into the country. My informant questioned the mother about the child and found that it was teething and had diarrhea, and that the warm woolen clothes in which she saw it wrapped had been put on "to bring the heat out on the skin," and so to cure the bowels. The mother gave the further information that she was very unfortunate with her children; that four of them had died teething. But another deplorable feature about the whole matter was that this child was under the care of a physician. Now whether this barbarous management was carried out under his advice or due to his neglect it does not matter a great deal. The mere possibility of such malpractice, together with the fact that such drugs as opium and the vegetable astringents are this day given indiscriminately, without regard to the stage of the disease or condition of the patient; and that beef tea is highly recommended by some as a food, and water given sparingly by others, constitute sufficient proof that this already much-discussed subject may yet undergo profitable discussion.

Some authors have, I think, unnecessarily complicated the subject by discussing the different degrees of severity of the disease and its distinct stages in distinct chapters and under distinct heads. The terms summer diarrhea and cholera infantum mean pathologically the same thing. The latter simply represents a severe type of the former, and entero-colitis is merely a stage of either.

The idea of all others that should never be lost sight of in the treatment of any stage of the disease is that failure of digestion, however brought about, is an essential factor. This point I wish to make emphatic, for I do not believe that any one duly impressed with the truth of it will ever prescribe opium or tannin in any of its forms in the early stage.

In an analysis of the post-mortem appearances in eighty-two cases of intestinal inflammation in children Dr. J. Lewis Smith found the upper part of the small intestine

*Read before the Louisville Medico-Chirurgical Society, September 2, 1881.

inflamed in only twelve cases, the ilium in forty-nine cases, and the colon in eighty-one out of the eighty-two cases. The inferences obviously to be drawn from Dr. Smith's analysis are these: That food having passed the pylorus undigested acts as an irritant on the intestinal canal, and that as it passes on it undergoes decomposition, giving rise to products more and more irritant the further it goes until it gets to the colon, which is the seat of lesion in every case which reaches the inflammatory stage.

To treat this disease successfully an intelligent idea of its causation is indispensable, for in few diseases are their causes more susceptible of removal, or at least of restraint, than in this.

At all seasons of the year children live under bad hygienic conditions, cut teeth, and eat indigestible food; but it is only in the hottest part of the summer that they are peculiarly subject to diseases of the alimentary canal. In cities where these diseases prevail about one hundred times as many children die of them in July as in January. As a factor in causation heat is therefore of paramount importance. Upon the other hand it must not be forgotten that among children who do not happen to cut teeth in the hottest months, and who get their food from their mother's breast, the mortality is comparatively small—a fact going to show the importance also of dentition and improper food as causes.

The most satisfactory explanation of the action of heat in causing infantile diarrhea is that based upon a relation existing between the skin, or rather its nerve-terminals, and the vasomotor centers which control the visceral blood-supply, in accordance with which the tone of the arterioles is maintained by the tonic effect of cold air, and depressed, on the other hand, by long-continued heat.* This depression by heat places the vascular caliber in what may be called a state of unstable equilibrium, which is readily destroyed by the ingestion of difficultly-digested food, especially so if the irritation connected with teething is superadded. The congestion following may vary from a degree sufficient simply to bring about a mild diarrhea to that severe enough to cause the gravest cholera infantum.

Since heat plays so important a part in the production of infantile diarrhea, our first step in treatment must be to meet its effects as directly as possible. Its immediate effects are loss of tone of the muscular coats of the visceral arterioles and their consequent dilatation. In most cases the application of cold will be our most efficient remedy, not as an antipyretic so much as a vasomotor stimulant. Cold suddenly applied to the body of a woman with post-partum hemorrhage will excite the flaccid womb and cause it to contract. We know the same effect is produced on unstriated muscle throughout the body. This idea should guide us in our mode of application of cold. The child should be subjected to frequent bathings in water of lower temperature than that of the body. But since it is possible to produce too great a shock, the water should at first be only a few degrees lower, and gradually cooled down during the progress of the bath. To prevent recurrence of vasomotor depression the patient should be kept comfortably cool during the intervals between the baths by sponging and fanning, and he should lie upon a cot rather than a bed or the nurse's lap.

The subject of diet for infants has been so fully and satisfactorily discussed that I do not feel I have occasion to enter upon it here further than to call attention to one or two points which I consider of great importance. It can not be too carefully borne in mind that the administration of food improper in kind or quantity may produce fatal injury; and it often happens that the question most important to be settled is not as to what kind of food, but whether any food at all should be given (Jacobi). If the only evil result of giving improper food were that it failed to be digested and passed through the alimentary canal without adding any material to the organism, it would be a matter of slight importance; but this is far from being all. Undigested food undergoes chemical changes which bring into existence substances that act as irritant poisons upon the surface over which they pass, not only setting up inflammation, but causing copious transudation of material which the patient can ill afford to lose. By withholding food for six or eight hours at a time not only is the patient saved from this loss, but most salutary rest is afforded to the digestive apparatus. It is very difficult to enforce this practice, for it is hard for a mother to resist the crying of her child for food, and it will be very certain to run counter to the convictions of the sympathetic friends who may

*It is not improbable that this depression of vasomotor tone is general, and the predominant congestion which occurs in the internal organs, and in the splanchnic area especially, is due to the physical law necessitating the flow of blood to the area of least resistance. A close analogy, if not identity, thus appears to exist between the essential conditions in cholera infantum and sunstroke.

know of the child's illness, and who watch with critical eye the doctor's whole course of procedure. The child cries rather on account of thirst, however, than for food, and it is eminently proper to give water to the fullest extent that the stomach will retain it. It will be found advantageous to give it in small quantities at short intervals. But there are cases in which the stomach will not tolerate even small quantities of cold water, and in these it will generally be found that water as hot as can be borne, in tablespoonful doses frequently given, will readily be retained.

In a paper on Infantile Diarrhea, by Dr. Jacobi, that appeared two years ago, attention is directed to the importance of excluding oleaginous matters from the diet as far as possible, as these are liable to undergo chemical changes, giving rise to fatty acids which are peculiarly irritant to the intestinal mucous membrane. The fact of this liability makes the question of alimentation in this disease an especially difficult one. Oil enters largely into the normal food of the child and can not be left out without serious injury. The rapid emaciation to be seen in intestinal diseases of children is undoubtedly due largely to the failure of assimilating oil. Fortunately we are not without a resource by which this difficulty may be met with a fair degree of success. It was long ago established by an experiment of Schreger that oil is rapidly absorbed by the skin of young animals, and we have abundant clinical evidence of the value of inunction in treating diseases of children.* It is peculiarly indicated in the disease under present consideration. Further on I will refer more particularly to this point.

There is no disease in which the appropriate administration of drugs is followed by more definitely favorable results, and none on the other hand in which their misapplication is capable of more injury than summer diarrhea of infants. A few doses given during one day may correct some fault of digestion and materially set forward the patient toward recovery; but a few doses, or even one, may also increase the disturbance already existing and bring down the delicately adjusted balances upon the side of death. There is therefore no disease in prescribing medicines for which greater circumspection is needed. In casting about, however, for a remedy in a given case we have, I think, a crucial test for any medicine that may occur to our mind. It is the question, Is there danger of its interfering with digestion? Under this test tannin in all its vegetable combinations must be condemned—certainly in every case in which there is gastric irritability and probably in the initial stage of every other case.

In a large proportion of the cases of infantile diarrhea we meet, especially in those more properly termed cholera infantum, nausea and vomiting are the symptoms with which we have first to deal; for until the patient is relieved of these little can be done in the way of administering either food or medicine. For several years it has been my practice to prescribe for these symptoms hot water to be given at short intervals. It will be found, too, an excellent plan to give it just before food and as a vehicle for medicine. It serves the double purpose of quieting gastric irritability and satisfying the great demand of the organism for water, though it may not give immediate relief to thirst. Hot water is *facile princeps* among the remedies I use for nausea and vomiting. I usually prescribe at the same time from an eighth to quarter of a drop of creasote and a grain of potassium chlorate dissolved in peppermint-water, to be taken in *hot* water as occasion requires. This also acts in a twofold way—as a sedative on the mucous membrane of the stomach, and as a destroyer of the organisms involved in fermentation. I find it rarely necessary, if I see a case from the beginning, to prescribe any thing further for these special symptoms. Occasionally I get good results from small doses of calomel —a twelfth to a sixth of a grain. The cases in which this remedy has seemed to me particularly applicable are those in which dentition plays an especially important rôle. There is no theory that I know of to explain the efficacy of non-purgative doses of calomel as a sedative except that which supposes a small part of the salt is changed in the stomach to the bichloride, which is also a powerful antiferment. If these remedies fail I conclude the symptoms depend on some other cause than simple hyperemia of the lining of the stomach—that the pathological process has advanced a step further, and gastritis is present. For this I continue the use of hot water, and use in lieu of other remedies nitrate of silver—a grain dissolved in

*I know of two instances which prove distinctly that the scalp is especially capable of absorbing substances applied to it. One is the case of a young lady who passed quite profoundly under the influence of alcohol applied quite thoroughly to the head (not to the hair only), and the other occurred in my own experience. At a time when I had used very little quinine, and was peculiarly liable to its physiological action, I used a hair-tonic containing the drug in considerable quantity. I do not know that I ever felt quinine more decidedly than on this occasion.

four or five ounces of distilled water, which is given in teaspoonful-doses every two or three hours.

The next symptom to be considered is diarrhea. I am confident that for this the routine practice of giving astringents so often carried out is thoroughly bad. I know that patients often get well under the use of kino, catechu, and krameria and the various mixtures in which one or the other is the principal agent; but if they are at all severe I believe the recovery would be more properly called a survival than a cure. Of all remedies bismuth is perhaps the one most frequently prescribed, and in many cases it no doubt acts satisfactorily, but because it has often disappointed me I rarely prescribe it. In many cases, the majority perhaps, I do not find it necessary to prescribe any thing especially for this symptom. The proper application of cold, the use of the measures laid down above for gastric irritability, and a suitable diet will generally be found sufficient to accomplish a cure. But if the diarrhea persists I give hydrochloric acid, to a child one year old, in one-drop doses, largely diluted with sweetened water. If this does not give quite prompt relief, opium in proper doses may be added. I know of no remedy more efficacious in a large number of cases of diarrhea, both in children and in adults, than hydrochloric acid. The only circumstance I am aware of that contraindicates it is the existence of nausea. This symptom must first be controlled, otherwise it will not be retained. Hydrochloric acid acts not only as an antiferment and a direct aid to digestion, but very favorably upon inflamed mucous membrane, as is shown, for instance, in its local application in cystitis.

In a considerable proportion of cases, after the severer diarrhea has been controlled, a certain degree of looseness of the bowels continues, which keeps the patient weak and fretful. This state of things, particularly in one of delicate constitution and who has passed through protracted dentition, may last for weeks or even months, and is due to enfeeblement of digestive power and the impaired tone of the intestinal blood-vessels. This condition might be properly called subacute or chronic follicular enteritis, for the intestinal glands are especially involved. In these cases vegetable and mineral astringents are usually pushed indefinitely; and though I believe these agents are better adapted to this stage than any other, I think we have a far better remedy. This is nux vomica. I give the tincture in from one- to three-drop doses to a child one year old, and generally in connection with hydrochloric acid. Nux vomica being one of the very best stomachic tonics, and an excellent vasomotor tonic, also combines properties exceedingly well adapted to this state of things.

Very frequently in infantile diarrhea the stools are observed to be whitish from absence of biliary coloring-matter. You are all aware that this condition has often been explained by that extremely indefinite term, "torpor of the liver," and that calomel has been given in cases innumerable "to stimulate" and "stir up" the delinquent organ. This much-abused viscus is utterly innocent of any such charge. The true explanation is this: That the mucous membrane of the duodenum is congested and swollen, and that lining the common duct often partakes of the same condition, which results in obstruction to the flow of bile, and, further, that the quantity which finds its way to the intestine is so greatly diluted by the large amount of fluid discharged from the bowels that very little color may be imparted to the stools. No jaundice generally results from the obstruction in these cases, because, owing to the small amount of food assimilated and the great loss of material involved in the disease, secretion of bile is greatly diminished; calomel is therefore clearly not the remedy. It is a fact, however, that an increased discharge of bile may follow the administration of purgative doses of calomel under these circumstances, and it is probably explained in the following way: That the peristaltic action of the small intestine is vigorously stimulated by this drug and the anatomical relation of the bile-ducts with the duodenum is such that a strong peristaltic wave may, by pressing upon the distended ducts, force the bile through the partially obstructed common duct; and, further, it is supposed that the stimulation exerted by calomel upon the muscular coat of the small intestine is felt also by that of the bile-ducts. Under this view colorless stools present no special indications.

I will close with a few remarks upon the manifestations which arise from brain- and nerve-disturbance in this disease. The restlessness and the tendency to convulsions which appear early in infantile diarrhea are almost invariably associated with teething, and the most efficient of all remedies is to scarify the inflamed and swollen gums. This will often not only relieve the brain-symptoms, but put a stop to all others. If any additional sedative is needed, bromide of

potassium and chloral may be given with advantage. But a tendency to convulsions comes on late in the disease which is of an entirely different significance and requires entirely different treatment. To administer the bromides or chloral at this time would be a blunder that might prove fatal. Stimulants, when they can be given, defer nerve-storm for a while, but the preëminent need of the organism is for food. You have all perhaps noticed the appearance of the little sufferer in this condition. His features are emaciated to the last degree and pinched. His eyes are stretched wide open and he lies sleepless for many hours. He follows the movements of those about him with his wide-open eyes lit up with a strangely premature intelligence. A little later his eyes are seen to be slightly crossed; a little later still there are twitchings of the facial muscles. Then come general convulsions, then coma, then death. The child dies of starvation. The eager, wistful expression of his face tells that every tissue, every cell, and, more than all the rest, those of the brain and nerves are begging to be fed.

But, though it may be impossible to feed a patient in this state either by the mouth or the rectum, death is not inevitable. There remains still an important resource: the patient may be fed through the skin. I have seen children who had reached the state I have described pass into a natural, tranquil sleep after the inunction of cod-liver oil or cocoa butter, and awake with renewed strength and able now to retain food taken into the stomach. This striking result is easily understood. From the time the tissues cease to get adequate nourishment from ingested food the brain and nerve-tissue feed upon the fat stored up throughout the body, and no profound nervous disturbance occurs. This, however, at length becomes exhausted and nervous manifestations begin at once; but the happy circumstance that oil is readily absorbed by the skin puts it in our power at this supreme moment to satisfy the pressing demand for the kind of food now needed above all others. As soon as this is supplied the brain and nerve return to their normal functions. It is in this connection a very significant truth that about two thirds of the solid organic matter of brain-substance is made up of fat.

LOUISVILLE.

FRANCE has one insane to every four hundred inhabitants.

Reviews.

The Wilderness Cure. By MARC COOK. Pp. 147. New York: Wm. Wood & Co. 1881.

Within a few weeks the death of the author has been announced, and now comes his book, which in truth is an account of benefits to health rather than cures for consumption. When written after a season of steady improvement, though encouraged by his experience to advise others to follow it, yet in candor he penned these words: "The author is far from robust health. The experiment has proved successful beyond the most hopeful anticipation, but it is to be remembered that it is an experiment still under trial." For him at least events have shown the experiment in the long run a failure.

By the "wilderness-cure" is meant camping out in the Adirondacks of New York, about two thousand feet above the sea-level. The disease to be cured is phthisis pulmonalis. In 1879 Prof. A. L. Loomis read a paper before the New York Medical Society in which he praised the climate of this plateau as being of value for consumptives. The paper is incorporated with the present volume, which gives besides a lively and instructive account of Mr. Cook's life in a tent. Those contemplating the experiment would do well to read it before making preparations.

A Manual of Histology. Edited and prepared by THOMAS E. SATTERTHWAITE, M.D., President of the New York Pathological Society, etc. 8vo., pp. 450. New York: Wm. Wood & Co. 1881.

In order to get out his volume in the time and manner best fitted to fulfill his aim of making it a standard, the editor secured the aid of a corps of collaborators. The work was allotted to those according to their special field of study, and the whole revised by Dr. Satterthwaite. To any one familiar with the progress of histology in this country the names of his associates will be a strong guarantee of excellence in the book. They were Drs. Thos. Dwight, J. C. Warren, William F. Whitney, Clarence J. Blake, and C. H. Williams, of Boston; Dr. J. H. C. Simes, of Philadelphia; Dr. B. F. Westbrook, of Brooklyn; and Drs. E. C. Wendt, Abraham Mayer, R. W. Annelon, A. H. Robinson, W. R. Birdsall, D. Bryson Delavan, C. L. Dana, and W. H. Porter, of New York City. The illustrations number a hundred and ninety-

eight, and are generally of high finish. The whole presents a work worthy to rank just below the larger volumes of Stricker and Frey, though practically it will be of more value to the student of human histology.

The Applied Anatomy of the Nervous System; Being a Study of this portion of the Human Body from a standpoint of its general interest and practical utility, designed for a text-book and work of reference. By AMBROSE L. RANNEY, A.M., M.D., Adjunct Professor of Anatomy, University of New York, etc. With numerous illustrations. Pp. 500. New York: D. Appleton & Co. 1881.

The immense strides made in the histology, pathology, and physiology of the nervous system of late years creates a demand for works that shall collect and arrange the new matter so that the doctor can keep *au courant* with the movement. The most difficult part of anatomy by the method adopted by Dr. Ranney becomes very interesting if not very easy. The style is familiar, the illustrations lavishly used, and the practical application of anatomical details made an important feature. It is a useful and attractive book, suited to the time.

Anatomical Studies upon the Brains of Criminals: A contribution to Anthropology, Medicine, Jurisprudence, and Psychology. By MORIZ BENEDIKT, Professor at Vienna. Translated from the German, by E. P. FOWLER, M.D. New York: Wm. Wood & Co. 1881.

Upon an examination of the brains of twenty-two subjects the author discovers a variation from the normal consisting in an increase in the sulci at the expense of the gray matter of the convolution. In the majority of sixteen cases the cerebellum was not so well covered by the posterior lobes as in ordinary brains. An inquiry into the correspondence between brain and skull does not lead him to conclude that from external examination the moral weakness could be detected. As an attempt to break ground in a new field this must be considered an important piece of work.

Dyspepsia: How to Avoid It. By JOSEPH F. EDWARDS. Philadelphia: Presley Blakiston. 1881.

A little book of eighty-seven pages, which contains some excellent advice to a numerous class. It avoids technical words, and presents in an agreeable style the leading facts of diet for the indigestion.

Medical Societies.

THE INTERNATIONAL CONGRESS.

PASTEUR'S ADDRESS ON THE GERM-THEORY.

[From the British Medical Journal.]

M. Pasteur, after referring to his cordial reception by the International Medical Congress, and regarding it as a mark of homage paid to his labors during twenty-five years upon the nature of ferments, proceeded as follows:

Your cordial welcome has revived within me the lively feeling of satisfaction I experienced when your great surgeon Lister declared that my publication in 1857 on milk-fermentation had inspired him with his first ideas on his valuable surgical method. You have re-awakened the pleasure I felt when our eminent physician Dr. Davaine declared that his labors upon *charbon* (splenic fever or malignant pustules) had been suggested by my studies on butyric fermentation and the vibrio which is characteristic of it.

Gentlemen, I am happy to be able to thank you by bringing to your notice a new advance in the study of micro-organisms as applied to the prevention of transmissible diseases—diseases which for the most part are fraught with terrible consequences, both for man and domestic animals. The subject of my communication is inoculation in relation to chicken-cholera and splenic fever, and a statement of the method by which we have arrived at these results—a method the fruitfulness of which inspires me with boundless anticipations.

Before discussing the question of splenic fever vaccine, which is the most important, permit me to recall the results of my investigations of chicken-cholera. It is through this inquiry that new and highly important principles have been introduced into science concerning the virus or contagious quality of transmissible diseases. More than once in what I am about to say I shall employ the expression virus culture, as formerly. In my investigations on fermentation I used the expressions, the culture of milk-ferment, the culture of the butyric vibrio, etc. Let us take a fowl which is about to die of chicken-cholera, and let us dip the end of a delicate glass rod in the blood of the fowl with the usual precautions, upon which I need not here dwell. Let us then touch with this charged point some *bouillon de poule*, very clear, but first of all rendered sterile under a temperature of about 115° C. (239° F.), and under conditions in which neither the outer air nor the vases employed can introduce exterior germs—those germs which are in the air or on the surface of all objects. In a short time, if the little culture vase be placed in a temperature of 25° to 35° C. (77° to 95° F.), you will see the liquid become turbid and full of tiny micro-organisms, shaped like the figure 8, but often so small that under a high magnifying power they appear like points. Take from this vase a drop as small as you please, no more than can be carried on the point of a glass rod as sharp as a needle, and touch with this point a fresh quantity of sterilized *bouillon de poule* placed in a second vase and the same phenomenon is produced. You deal in the same way with a third culture vase, with a fourth, and so on to a hundred, or even a thousand, and invariably within a few hours the culture liquid becomes turbid and filled with the

same minute organisms. At the end of two or three days' exposure to a temperature of about 30° C. (86° F.), the thickness of the liquid disappears, and a sediment is formed at the bottom of the vase. This signifies that the development of the minute organism has ceased—in other words, all the little points that caused the turbid appearance of the liquid have fallen to the bottom of the vase; and things will remain in this condition for a longer or shorter time, and for months even, without either the liquid or the deposit undergoing any visible modification, inasmuch as we have taken care to exclude the germs of the atmosphere. A little stopper of cotton sifts the air which enters or issues from the vase through changes of temperature.

Let us take one of our series of culture preparations—the hundredth or the thousandth, for instance—and compare it in respect to its virulence with the blood of a fowl which has died of cholera; in other words, let us inoculate under the skin ten fowls, for instance, each separately with a tiny drop of infectious blood and ten others with a similar quantity of the liquid in which the deposit has first been shaken up. Strange to say, the latter ten fowls will die as quickly and with the same symptoms as the former ten. The blood of all will be found to contain after death the same minute infectious organisms. This equality, so to speak, in the virulence both of the culture preparation and of the blood is due to an apparently trivial circumstance. I have made a hundred culture preparations—at least, I have understood that this was done—without leaving any considerable interval between the impregnations. Well, here we have the cause of the equality in the virulence.

Let us now repeat exactly our successive cultures with this single difference, that we pass from one culture to that which follows it, from the hundredth to, say the hundred and first, at intervals of a fortnight, a month, two months, three months, or ten months. If, now, we compare the virulence of the successive cultures, a great change will be observed. It will be readily seen from an inoculation of a series of ten fowls, that the virulence of one culture differs from that of the blood and from that of a preceding culture, when a sufficiently long interval elapses between the impregnation of one culture with the micro-organism of the preceding. More than that, we may recognise by this mode of observation that it is possible to prepare cultures of varying degrees of virulence. One preparation will kill eight fowls out of ten, another five out of ten, another one out of ten, another none at all, although the micro-organism may still be cultivated; in fact, what is no less strange, if you take each of these cultures of attenuated virulence at a point of departure in the preparation of successive cultures and without appreciable interval in the impregnation, the whole series of these cultures will reproduce the attenuated virulence of that which has served as the starting-point. Similarly, where the virulence is null it produces no effect.

How, then, it may be asked, are the effects of the attenuated virulences revealed in the fowls? They are revealed by a local disorder, by a morbid modification more or less profound in a muscle, if it is a muscle which has been inoculated with the virus. The muscle is filled with micro-organisms, which are recognized easily because the attenuated ones have almost the bulk, the form, and the appearance of the most virulent. But why is not the local disorder followed by death? For the moment, let us answer by a statement of facts. They are these: the local disorder ceases of itself more or less speedily, the micro-organism is absorbed and digested, if one may say so, and little by little the muscle regains its normal condition. Then the disease has disappeared. When we inoculate with the micro-organism the virulence of which is null there is not even local disorder; the *natura medicatrix* carries it off at once, and here, indeed, we see the influence of the resistance of life, since this micro-organism, the virulence of which is null, multiplies itself.

A little further and we touch the principle of vaccination. When the fowls have been rendered sufficiently ill by the attenuated virus which the vital resistance has arrested in its development, they will, when inoculated with virulent virus, suffer no evil effects or only effects of a passing character. In fact, they no longer die from the mortal virus, and for a time sufficiently long, which in some cases may exceed a year, chicken-cholera can not touch them, especially under the ordinary conditions of contagion which exist in fowl-houses. At this critical point of manipulation—that is to say, in this interval of time which we have placed between two cultures, and which causes the attenuation—what occurs? I shall show you that in this interval the agent which intervenes in the oxygen of the air. Nothing more easily admits of proof. Let us produce a culture in a tube containing very little air, and close this tube with an enameller's lamp. The micro-organism in developing itself will speedily take all the oxygen of the tube and of the liquid, after which it will be perfectly free from contact with oxygen. In this case it does not appear that the micro-organism becomes appreciably attenuated even after a great lapse of time. The oxygen of the air, then, would seem to be a possible modifying agent of the virulence of the micro-organism of chicken-cholera; that is to say, it may modify more or less the facility of its development in the body of animals. May we not be here in presence of a general law applicable to all kinds of virus? What benefits may not be the result? We may hope to discover in this way the vaccine of all virulent diseases; and what is more natural than to begin our investigation of the vaccine of what we in France call *charbon*, what you in England call splenic fever, and what in Russia is known as the Siberian pest, and in Germany as the *milzbrand*.

In this new investigation I have had the assistance of two devoted young *savants*, MM. Chamberlain and Roux. At the outset we were met by a difficulty. Among the inferior organisms all do not resolve themselves into those corpuscle-germs which I was the first to point out as one of the forms of their possible development. Many infectious micro-organisms do not resolve themselves in their cultures into corpuscle-germs. Such is equally the case with beer-yeast, which we do not see develop itself usually in breweries, for instance, except by a sort of fissiparous production. One cell makes two or more which form themselves in wreathes; the cells become detached, and the process recommences. In these cells real germs are not usually seen. The micro-organism of chicken-cholera and many others behave in this way, so much so that the cultures of this micro-organism, although they may last for months without losing their power of fresh cultivation, perish finally like beer-yeast which has exhausted all its aliments. The anthracoid micro-organism in artificial cultures behaves very differently. In the blood of animals, as in cultures, it is found in translucid filaments more or less segmented. This blood or these cultures freely

exposed to air, instead of continuing according to the first mode of generation, show at the end of forty-eight hours corpuscle-germs distributed in series more or less regular along the filaments. All around these corpuscles matter is absorbed, as I have represented it formerly in one of the plates of my work on the diseases of silkworms. Little by little all connection between them disappears, and presently they are reduced to nothing more than germ-dust. If you make these corpuscles germinate, the new culture reproduces the virulence peculiar to the thready form which has produced these corpuscles, and this result is seen even after a long exposure of these germs to contact with air. Recently we discovered them in pits in which animals dead of splenic fever had been buried for twelve years, and their culture was as virulent as that from the blood of an animal recently dead.

Here I regret extremely to be obliged to shorten my remarks. I should have had much pleasure in demonstrating that the anthracoid germs in the earth of pits in which animals have been buried are brought to the surface by earthworms, and that in this fact we may find the whole etiology of disease, inasmuch as the animals swallow these germs with their food.

A great difficulty presents itself when we attempt to apply our method of attenuation by the oxygen of the air to the anthracoid micro-organisms. The virulence establishing itself very quickly, often after four-and-twenty hours in an anthracoid germ which escapes the action of the air, it was impossible to think of discovering the vaccine of splenic fever in the conditions which had yielded that of chicken-cholera. But was there, after all, reason to be discouraged? Certainly not. In fact, if you observe closely, you will find that there is no real difference between the mode of the generation of the anthracoid germ by fission and that of chicken-cholera. We had, therefore, reason to hope that we might overcome the difficulty which stopped us by endeavoring to prevent the anthracoid micro-organism from producing corpuscle-germs, and to keep it in this condition in contact with oxygen for days and weeks and months. The experiment fortunately succeeded. In the ineffective (*neutre*) *bouillon de poule* the anthracoid micro-organism is no longer cultivable at 45° C. Its culture, however, is easy at 42° or 43° C., but in these conditions the micro-organism yields no spores. Consequently it is possible to maintain in contact with the pure air at 42° or 43°, a mycelian culture of bacteridia entirely free of germs. Then appear the very remarkable results which follow. In a month or six weeks the culture dies; that is to say, if one impregnates with it fresh *bouillon*, the latter is comparatively sterile. Up till that time life exists in the vase exposed to air and heat. If we examine the virulence of the culture at the end of two days, four days, six days, eight days, etc., it will be found that long before the death of the culture the micro-organism has lost all virulence, although still cultivable. Before this period it is found that the culture presents a series of attenuated virulences. Every thing is similar to what happens in respect to the micro-organism in chicken-cholera. Besides, each of these conditions of attenuated virulence may be reproduced by culture. In fact, since the *charbon* does not recur a second time (*ne récidive pas*), each of our attenuated anthracoid micro-organisms constitutes for the superior micro-organism a vaccine—that is to say, a virus capable of producing a milder disease.

Here then we have a method of preparing the vaccine of splenic fever. You will see presently the practical importance of this result. But what interests us more particularly is to observe that we have here a proof that we are in possession of a general method of preparing virus vaccine based upon the action of the oxygen and the air—that is to say, of a cosmic force existing every where on the surface of the globe. I regret to be unable from want of time to show you that all these attenuated forms of virus may very easily, by a physiological artifice, be made to recover their original maximum virulence. The method I have just explained of obtaining the vaccine of splenic fever was no sooner made known than it was very extensively employed to prevent the splenic affection. In France we lose every year, by splenic fever, animals of the value of twenty million francs. I was asked to give a public demonstration of the results already mentioned. This experiment I may relate in a few words: Fifty sheep were placed at my disposition, of which twenty-five were vaccinated. A fortnight afterward the fifty sheep were inoculated with the most virulent anthracoid micro-organism. The twenty-five inoculated sheep resisted the infection; the twenty-five non-inoculated died of splenic fever within fifty hours. Since that time my energies have been taxed to meet the demand of farmers for supplies of this matter. In the space of fifteen days we have inoculated in the department surrounding Paris more than twenty thousand sheep and a large number of cattle and horses.

If I were not pressed for time I should bring to your notice two other kinds of virus attenuated by similar means. These experiments will be communicated bye-and-by to the public.

I can not conclude, gentlemen, without expressing the great pleasure I feel at the thought that it is as a member of an International Medical Congress assembled in England that I make known the most recent results of vaccination upon a disease more terrible, perhaps, for domestic animals than smallpox is for man. I have given to vaccination an extension which science, I hope, will accept as a homage paid to the merit, and to the immense services rendered by one of the greatest men of England, Jenner. What a pleasure for me to do honor to this immortal name in this noble and hospitable city of London.

PROCEEDINGS OF SECTION OF OBSTETRIC MEDICINE.

On The Prevention and Treatment of Post-partum Hemorrhage. By Thomas More Madden, M.D., M.R.A.I. (Dublin):

The author said that death from flooding after delivery should be considered as a generally preventable accident, and in the more perfect midwifery practice of the future would doubtless be entirely unknown. Some eminent modern authorities, who advocated the employment of perchloride of iron and other remedies on the least appearance of post-partum hemorrhage, appeared to have an exaggerated idea of the frequency of severe flooding, and to forget that some slight loss of blood was a natural termination of labor. In a practice of upward of twenty years Dr. More Madden had only seen one case of death from hemorrhage after childbirth. The majority of cases of post-partum hemorrhage were met with in women who had previously borne children, and the probability of its occurrence was in proportion to the number of the patient's previous confinements. In the Dublin Lying-in Hospital, of eighty-

nine cases of this kind, in sixty-five the patients were multiparæ. In such cases, when there was any reason to anticipate hemorrhage, the membranes should be ruptured as early as possible during labor so as to allow the uterus to contract gradually and firmly; and a dose of ergotine or a dram of the fluid extract of ergot should be injected hypodermically before the head came to press on the perineum. As a prophylactic of hemorrhage, the efficacy of a course of any astringent preparation of iron given during the last months of pregnancy was unquestionable. Hemorrhage after delivery, from laceration of the cervix uteri, was more common than was formerly the case. This arose from the abuse of the long, curved forceps, which was too often resorted to before the full dilatation of the os. The injection of hot water into the uterus was most uncertain in its hemostatic action, and was only useful in cases of extreme depression of the vital powers from excessive hemorrhage, and after the failure of other remedies. Neither was the injection of cold or iced water to be depended upon. The injection of a strong solution of perchloride of iron, although generally effectual as a styptic, was very hazardous from the risk of its causing metro-peritonitis. He strongly recommended the introduction of a sponge soaked in a solution of the perchloride of iron, which was to be passed into the uterus (grasped in the accoucheur's hand) and retained there until firm contraction was produced, by which the sponge and the hand were expelled together from the uterine cavity and the flooding was stopped. At the same time he laid great stress on external manual pressure over the uterus in all cases until contraction was produced; and he pointed out the possible danger of thus introducing the hand into the uterus unless when rendered necessary by severe hemorrhage. With regard to the treatment of collapse from hemorrhage after delivery he regarded transfusion, as now practiced, as almost useless in the great majority of cases. Instead of transfusion he advocated the hypodermic injection of large doses of sulphuric ether, as suggested by Von Hecker; and he referred to the history of some instances of the good effects of this remedy in apparently hopeless cases of collapse from post-partum hemorrhage.

Formulary.

ACID GENTIAN MIXTURE.*

Nitro-muriatic acid dil.... fl.℥j; 4.00 fl.Gm.;
Comp. infus. gentian, q. s.
to make..... fl.℥j; 30.00 "

Dose, two teaspoonfuls.

MIXTURE OF SULPHATE OF CINCHONIA.*

Sulphate of cinchonia..... gr. xij; 0.72 Gm.;
Acid. sulphuric, dil..... ♏ xxv; 1.66 fl.Gm.;
Peppermint-water to make, fl.℥j; 30.00 "

Dose, one to four teaspoonfuls.

COMPOUND ETHER MIXTURE.*

Hoffman's anodyne..... fl.℥ijss; 10.00 fl.Gm.;
Tinct. lobelia..... fl.℥ss; 2.00 "
Camphor water..... fl.℥v; 20.00 "

Dose, one to two teaspoonsful.

*From the Pharmacopeia of the Pennsylvania Hospital. —*The Druggist.*

Miscellany.

DEATH OF DR. CROWE.—Dr. Jno. E. Crowe died suddenly, about half past ten o'clock last Monday night, in the office of Dr. M. F. Coomes, whither he had gone to get relief for hoarseness which had seized him about nine o'clock. On Saturday he had consulted the doctor about his throat, which was then giving him some trouble. The affection appeared to be slight, however, and nothing was apprehended from it. He failed to find Dr. Coomes at home, and left, but returned shortly, to find that the doctor was still absent. A few minutes later he made a third call at the office, rang the bell, and sat down on the steps. To the person answering his summons he said, in a very hoarse whisper, "Open the door; I'm dying." He was assisted to a chair in the office and assistance summoned. His breathing was then labored, his face and neck red and turgid. In a few minutes, and before medical aid could be had, he died.

It is considered probable that the acute laryngitis suddenly brought about edema of the glottis; though as no autopsy was held it is not certain, for he might have been seized with *apoplexie foudroyante*, or possibly heart-failure. An examination of his urine drawn after death revealed albumen and tube-casts. It is not unlikely he was the subject of unsuspected chronic Bright's disease. During an attack of erysipelas two years ago he had acute albuminuria with bloody urine, which may have been the initial mischief. Dr. Fauvel, in a treatise entitled Aphonie Albuminurique, has pointed out that acute edema of the larynx may be the first symptom of renal disease. From the fact that he called upon Dr. Coomes, a throat specialist, three times in one hour, getting out of bed to make the last visit, it is very likely that dyspnea was urgent. Persons who conversed with him upon his way observed hoarseness. In other respects Dr. Crowe appeared to be in full health.

His colleagues, the medical men of the city, his medical class, and other bodies to which he was related, passed appropriate resolutions in his honor. He was buried in the presence of many mourning friends on last Thursday.

CAUSE OF GEN. BURNSIDE'S DEATH.—An autopsy showed that the cause of General Burnside's death was *angina pectoris.—Exchange.*

OPHTHALMOLOGY — MIDDLEMORE FUND PRIZE ESSAY.—The interest on the fund of £500 given in trust to the British Medical Association by Mr. Richard Middlemore, of Birmingham, to found a prize for the best essay on Ophthalmology, having accumulated for three years, the Committee of Council now offer, in accordance with the terms of the trust deed, a prize of £50 for the best essay upon the Scientific and Practical Value of Improvements in Ophthalmological Medicine and Surgery made or published during the past three years (British Med. Journal). The successful essay will be the property of the Association. The essays must be in English or accompanied by an English translation, and forwarded under cover, with a sealed envelope bearing the motto of the essay and containing the name and address of the author, addressed to the general secretary of the British Medical Association, 161A, Strand, London, and must be in his hands on or before the 31st of May, 1882.

PRIZE ESSAY.—The Committee of Selection appointed by the chairman of the section on Practical Medicine, Materia Medica, and Physiology at the recent meeting of the American Medical Association, have selected and hereby announce as the subject for the prize to be awarded in 1883 the following question:

What are the special modes of action or therapeutic effects on the human system of water, quinia, and salicylic acid when used as antipyretics in the treatment of disease?

The essays must be founded on original experimental and clinical observations, and must be presented to the chairman of the Committee of *Award* on or before the first day of January, 1883.

N. S. DAVIS,
H. D. HOLTON,
W. B. ULRICH,
Committee of Selection.

DEATH OF PROFESSOR E. LLOYD HOWARD —HIS SUCCESSOR.—We regret to announce the death of Prof. E. Lloyd Howard, of Baltimore, who recently, during an attack of uremic coma, fell into the Chesapeake Bay and was drowned. Dr. Richard Gundry, the medical superintendent of Spring Grove Insane Asylum, near Baltimore, has been elected to fill the chair left vacant in the College of Physicians and Surgeons by the death of Prof. Howard. The title of Prof. Gundry's chair is Materia Medica, Therapeutics, and Mental Diseases.

Selections.

Aspiration of the Gall-bladder.—Dr. P. H. Kretzschman reports a successful case in the Proceedings of the Medical Society of the County of Kings, September, 1881, of which he says:

"Five times has the gall-bladder been aspirated; *thirty-four ounces and a half* of bile have been removed within one month. At every operation the patient felt much relieved, and since the first withdrawal of bile the constitutional symptoms diminished in severity. At no time did the operation itself place our patient in danger, and generally speaking there was no pain attached to it."

The following generalizations he appends to his paper:

1. The operation can be performed with *safety*, without taking particular precautions in uniting the walls of the gall-bladder with those of the abdomen.

2. The operation can therefore be done as soon as the diagnosis of a dilated gall-bladder has been made, if from its size there seems to be danger of rupture, or if the patient suffers much pain. Aside from these conditions, when aspiration should be resorted to without hesitation, the question presents itself whether it would not be good practice to evacuate the contents of a distended gall-bladder under all circumstances, simply to remove the superfluous bile, which, being cut off from its natural destination, is bound to be reabsorbed by the lymphatics, carried back into the circulation and produce, to a greater or lesser degree, a condition which is generally known as "cholemia."

3. A very fine trocar, such as would be of not much value in case of simple puncture, can be employed; and by means of suction even a tenacious fluid can be removed from the gall-bladder.

4. The insertion of a small trocar or an aspirating needle is almost a painless procedure.

5. In cases of doubt as to the presence of gall-stones, a flexible probe can be passed through the canula and used as a sound.

6. Aspiration being a safe and painless operation, it can be employed for the purpose of aiding diagnosis.

The rules for performing the operation are thus formulated.

1. Aspiration should not be delayed, but resorted to as soon as the diagnosis of distended gall-bladder has been made.

2. A good sized aspirating needle or a fine trocar should be used.

3. The instrument should be introduced into the gall-bladder at a point as high up and as near to the border of the liver as possible.

4. On withdrawing the instrument the punctured wound in the abdominal wall should at once be closed by some kind of plaster or by the introduction of a stitch.

5. The operation should be repeated as often as the gall-bladder becomes distended again.

6. The common rules of surgery as to cleanliness, etc., should be strictly adhered to.

Localization of Disease in the Brain and the Spinal Cord.—A discussion on this subject was opened by Dr. Brown-Sequard (Paris), who read a paper in which the following questions were proposed

for consideration: 1. Are there parts of the brain and spinal cord which, being diseased, give rise to symptoms which no other parts can produce? 2. What is the diagnostic value of certain symptoms to show the seat of disease in the brain or spinal cord? 3. What gains have we made in diagnosis by the recent researches on localization of disease in the cerebro-spinal centers? As regards the first of these questions, he tried to show that, although there is no symptom which alone possesses an absolute pathognomonic value concerning the seat of the disease, there are morbid manifestations, the co-existence of which establishes almost certainly, and sometimes certainly that special parts are diseased. As regards the second question, he spoke of the connection (1) of aphasia with disease of the third frontal convolution, the island of Reil, and the occipital lobe on the left or on the right side; (2) of the Jacksonian convulsions with some cerebral convolutions; (3) of brachial, crural, facial paralysis, and of other kinds of monoplegia, with lesions of certain convolutions; (4) of cerebral hemianesthesia with disease of the optic thalamus or of the posterior part of the internal capsule; (5) of hemichorea with disease of the corpus striatum or of the anterior part of the internal capsule; (6) of titubation with disease of the cerebellum, and of some parts of the base of the brain; (7) of diabetes with disease of the floor of the fourth ventricle; (8) of labio-glosso-laryngeal paralysis with disease of certain groups of nerve-cells of the medulla oblongata; (9) of some symptoms of labio-locomotor ataxy with disease of certain parts, and of other of the symptoms of that affection, with disease of other parts of the posterior columns of the spinal cord; (10) of paranesthesia with disease of the central parts of the lumbo-dorsal enlargement of the spinal cord; (11) of progressive muscular atrophy with atrophy of the nerve-cells of the anterior gray cornua of the spinal cord; (12) of the essential infantile paralysis with small foci of inflammation of the part of the gray matter just named; (13) of intermittent paraplegia with ischemia of the dorso-lumbar enlargement of the spinal cord. As regards the third question, he showed that considerable advances had recently been made, although much less than was generally believed.

A Case of Hypodermic Injection in Nevus.—Dr. S. Hudson says (Ohio Med. Journal):

I observed a short article in the last number of the Recorder, from a correspondent of the British Medical Journal, on the danger of hypodermic injections of tincture of iron in nevus. I, too, have had some experience in the use of injections in nevus, though not with the iron. About three years ago Mr. T., a young man about twenty years of age, came to my office and showed me a small, warty excresence on the end of his left index finger. He informed me that at times it bled profusely, and desired me to take it off. Without further examination or thought, I took my hypodermic syringe with a strong solution of nitrate of silver—perhaps three or four drops—and injected it into the nevus. In less than five minutes he was suffering the most intense pain and agony; his hand and arm up to his elbow became white and cold; and for three hours we labored constantly, rubbing and bathing it in hot cloths. I finally succeeded in quieting him with morphine, and his father took him home. The next morning I had the mortification to see that two of his fingers were dead—the first and second—to the second joint, and I feared from his appearance that he would lose his arm, if not his life. We did all we could in order to restore the warmth and color to his hand, but all to no purpose, for in less than a week the index finger (in which I inserted the solution) and the next one to it were black and dry as far up as the second joint, and his suffering for ten days was terrible. In eight weeks a line of demarcation commenced forming, and I had the *pleasure* of amputating the poor boy's fingers just above the second joint.

I censured, reproached, and cursed myself and every body else. Others had used hypodermic injections in nevus; I had used them before, with no unpleasant results; and why all this trouble? I could readily understand what was the cause of such unpleasant results. The solution had entered a small blood-vessel, producing coagulation and thrombus, but it was too late to remedy my mistake. The community, I can assure you, gave me no credit for the matter, and the friends of the boy were advised to prosecute me.

The hypodermic syringe is a great favorite with me, but I do not believe I shall ever use it again in nevus with a solution of nitrate of silver or tincture of iron.

A New Physical Sign of Thoracic Aneurism.—Dr. Drummond, of Newcastle, has demonstrated a new physical sign which is likely to be of great diagnostic importance in thoracic aneurism. When a patient suffering from aneurism of the thoracic aorta is made to draw a long, deep breath and then to close the mouth and expire slowly through the nose, short, puffing, expiratory sounds are heard—synchronous with the systole of the heart—on auscultation of the trachea. Dr. Drummond believes this phenomenon to be due to the sudden systolic expansion of the sac expelling air from the chest. He has found it absent in cases of aortic valvular disease simulating aneurism, but has not yet thoroughly worked out the significance of the sign.—*Med. Press and Circular.*

Neuralgic Character of Certain Forms of Angina, and their Treatment by Sulphate of Quinine.—Dr. R. Saint-Philippe, surgeon to the Bordeaux hospitals, points out a certain number of cases of angina observed by him, and characterized by intermittent symptoms, so that the patient scarcely suffers at all in the morning, and is the victim of intolerable pain in the evening (*Jour. de Méd. de Bordeaux*). These forms of angina, which Dr. Saint-Philippe is inclined to refer to neuralgia of the median branch of the trigeminus, are amenable to treatment by sulphate of quinine. He prescribes from forty to fifty centigrams (six to seven and a half grains) two hours before the attack, and obtains cure.—*London Med. Record.*

Ammonia in Chloroform-poisoning.—Dr. Sidney Ringer, in a paper published in the Practitioner, shows by experiments the rapid influence ammonia exerted in a frog's heart, whose action had been arrested by an overdose of chloroform. The chloroform evidently paralyzes the heart's muscular substance, affecting the ganglionless and nerveless portion of the ventricle exactly in the same way as any other part of it. [In the Medical Times and Gazette, May, 1871, Dr. Neild reports a case of apparent death from chloroform inhalation, which recovered from the alarming state of syncope after four half-dram injections of liquor ammoniæ into the median cephalic vein.]—*London Med. Record.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

DR. HAMILTON'S STATEMENT.

Of late the daily press has given space to rumors from different quarters breathing threats of exposure of the phenomenal stupidity and mendacity of the medical attendants of the late President. It is no new thing to see a newspaper manufacture out of whole cloth a sensational story concerning matters that for a time have had the popular ear. It is spicy and startling, makes the paper sell, and gives it a name for being "wide awake."

It is any thing but amusing to a doctor who values the respect of his neighbors to see his professional conduct in an important crisis subjected to misrepresentation and unmerited abuse. Many will read the accusation and few the defense. There is an illnatured streak in most persons, which makes them delight in hearing detraction of others, and which prevents their taking any pleasure in reading exculpations. A just and reasonable man, in observing that the President's doctors had been mistaken in their theory of the course of the ball, and consequently more sanguine of his recovery than the facts warranted, would not, as some have done, break into a tirade against medical men and lose faith in medical art. He would be more apt to conclude that if men of insight, experience, and learning were so much in the dark when they had only external symptoms to guide them, then great indeed must have been the difficulty in bringing the science to its present state, far as it is from perfection.

If men of such attainments err in a case of transcendent interest, how infinitely small are the chances that the ignoramus and the charlatan will take right views in ordinary practice.

In order that justice may be done, we quote in a conspicuous place Dr. Frank Hamilton's account (Med. Gazette) of some points in the pathology and management of the case that have been disputed:

No Abscesses in the Lungs.—It may be necessary, however, to repeat, inasmuch as contrary statements have been made, that the lungs contained not even the most minute abscess, and that there was no metastatic abscess found in any of the structures examined, except one less than half an inch in diameter near the surface of the left kidney. There were three small serous cysts under the peritoneal covering upon the convex edge of the right kidney, each about the size of a vertical section of a large pea. The abscess found between the transverse colon and the liver was evidently not metastatic, but probably was caused by the original injury. There was no cicatrix or wound of the liver, nor any thing to indicate that it had suffered injury in the slightest degree.

The "serous cysts" mentioned by Dr. Hamilton were found under the microscope to be adhesions of the peritoneum.

Another reflection that commends itself to the judicious mind is this, that the surgeons exhibited self-control and sagacity in no mean degree when they obstinately declined to probe for the ball, notwithstanding the clamor raised against them.

Probing.—Since it has been thought by some that it was the duty of the surgeons to have ascertained positively the course and location of the ball, it is

proper to consider whether the one or the other were practicable.

As to determining the course of the ball by a probe, every anatomist will see that it was impossible, if he will consider the very tortuous course which the ball must have taken to reach its final destination; that it passed through the solid structure of the vertebra, and that no metallic instrument sufficiently firm to give indications of the course and direction which it took within the body could ever have reached the ball; nor would any surgeon of experience familiar with gunshot wounds of the belly, in the absence of any satisfactory or conclusive evidence as to what course the ball had taken, venture to introduce a probe into the abdominal cavity for the purpose of exploring the supposed track; nor indeed, if he had evidence as to the course and situation of the ball, could he have been justified in such an exploration? No point is better settled in surgery than that interference of this sort in gunshot wounds of the belly is meddlesome, useless, and dangerous; and had it been done, and a fatal peritonitis in consequence been set up, the surgeon doing it would have been justly held responsible for the fatal result.

One seeker of notoriety, not having at heart a proper regard for the code of justice between doctors, rushed often into print to urge extraction of the ball, and to denounce the surgeons for their temporizing policy.

As to the Extraction of the Ball.—As to the possibility of the extraction of the ball safely, it would have required a large tegumentary and muscular incision as a means of approach to the spinal column, the actual removal of the whole of the twelfth lumbar vertebra in order to furnish a sufficient channel through which the bold surgeon should advance with his instrument for extraction; and after emerging from the cavity thus made in the spinal column he would have to penetrate or grope his way cautiously between the ganglionic system of nerves and arteries, veins, lymphatics, including the thoracic duct, all of which are vital structures almost inextricably joined to each other on the front and sides of the spinal column, and the lesion of any one of which must have proved inevitably fatal.

The criticisms made upon the mode of dressing have drawn the following comment:

Listerism.—Throughout the whole course of the treatment, contrary to what has been publicly said repeatedly, so far as it was possible to apply the system of antiseptic surgery advocated by Mr. Lister to a wound of this character it was rigorously employed.

The closing paragraph shows that though the surgeons had accepted a provisional hypothesis of the course of the ball, yet they were not wholly satisfied on that head, and therefore adopted a plan of expectant observation which subsequent events have established as the wisest possible under the circumstances.

I am reminded now to say, in reply to some suggestions made from time to time that we ought to have made a counter opening in the lower portion of the long sinus which terminates in the right iliac fossa, that there was no period of time during the progress of the case in which we felt absolutely certain that what we recognized in the fossa as a point of induration was the ball; nor were we entirely certain at any time where the lower end of the sinus was actually situated. Nothing but a very flexible instrument could ever be introduced; and inasmuch as when introduced its presence in the track could not be recognized by the sense of touch, we were left without any means of determining with a sufficient degree of accuracy to justify an operation where the lower end of the channel was. Indeed it is probable that the flexible catheter employed never reached the lower end of the channel, but doubled on itself near the crest of the ilium. To have cut through or between the great mass of muscles in the lower portion of the lumbar region for the purpose of making a counter incision into a small channel, the course of which we did not and could not know, even approximately, would have been under any circumstances an unjustifiable procedure, and especially so in the case of the President, whose hold upon life during all this long period seemed to depend on a thread.

University of Louisville.—The chair of Obstetrics and Gynecology, made vacant by the death of Professor Crowe, has been filled by the appointment of Prof. Theophilus Parvin, M.D., of Indianapolis. This announcement can not but be gratifying to the alumni, the present medical class, and all friends of the institution. Prof. Parvin is known so widely and favorably as doctor, teacher, and writer as to need no introduction nor commendation to medical men.

According to Dr. J. Marion Sims, ninety to ninety-seven per cent of ovariotomies get well.

Original.

RÉSUMÉ OF THE PATHOLOGY AND TREATMENT OF CERTAIN ACQUIRED DEFORMITIES.

BY EDWARD VON DONHOFF, A.M., M.D.
Formerly Visiting Surgeon to the Louisville City Hospital.

Deformities may result from diseases of the bones and joints, and the muscles and ligaments have much to do with their continuance. But there are also other causes—primary muscular, tendinous, and cicatricial contractions—which demand so great a share of the earnest attention of the general practitioner, as well as that of the surgical specialist, that I have deemed it a matter of sufficient interest to offer a short review of what is at present known respecting the pathology, together with a few points of importance in the treatment of these conditions.

A contraction proper can really only take place in muscles, since in a physiological sense they alone can and do contract upon irritation; or at all events contraction is always accomplished through the excitation of the muscular fibrillæ. Usage, however, has extended the meaning of the term. We speak of contractions of tendons and fasciæ meaning that they have shrunken or shortened and have lost their elasticity. Primary disease of the ligaments, tendons, and fasciæ, occurs but rarely. Relaxation of the ligaments may exist as a primary affection in consequence of defective construction, or as sequelæ following atrophy of their muscular fibers. A muscle may be too short from birth from lack of development; but this condition can not be, as will be seen, styled a true contraction. Muscles also contract sympathetically in diseases of joints.

In muscular contractions due to disease of the muscle the inflammation does not necessarily begin in the muscle itself, but inflammation, and especially suppuration, in its immediate vicinity—its sheath—the muscular substance being secondarily affected, may also result in contraction. In acute suppurations in the neck it is common for the sterno-cleido mastoid to contract and pull the head over to the affected side. So, too, in acute inflammation of the psoas muscles the thigh is sharply flexed on the body. The fact, however, that the same phenomenon is observed in periostitis of the femur, for instance, renders it difficult at times to differentiate between this and the first-mentioned affection.

The edematous swelling observed in the soft parts in cases of acute suppurative synovitis indicates the implication in an acute inflammation of the adjacent muscles, and this may give rise to their contraction. But there may be some other explanation. Drawing up a painful limb is almost an involuntary maneuver—a sort of reflex action of the sensitive on the motor nerves. This is an open question as yet; though Bonnet and Malgaigne have offered apparently satisfactory explanations. Cases of acute suppuration in muscles and in joints and their vicinity do occur without the usually attendant phenomena of contractions.

As idiopathic diseases, chronic inflammations of muscles are rare; nor do *they* always induce contractions. If we class inflammation with neoplastic formation, the causes indicated by Virchow for muscular contractions are inaccurate; since fatty degeneration, molecular disintegration of the contractile substance, and simple atrophy are not always the forerunners of contraction; they are simply marked with progressive decrease in strength. Where inflammatory new formations exist in muscles ("and this is particularly the case when the inflammation extends from other tissues to the muscles"), not only does atrophy of its contractile substance result, but there is also a cicatricial atrophy and the cicatricial connective tissue takes the place of the muscle—the latter is actually transformed into connective tissue. This process produces the drawing together by virtue of the atrophy and causes the shortening.

In cases of chronic articular inflammation where anchylosis has been completely established, the muscle finally degenerates into a mere string of connective tissue.

Primary muscular contractions resulting from constant irritation of certain nerves is much like the contraction induced by th electric current. The irritation may be located in the nerve-trunk or some one of the nerve-centers. Irritation of a nerve-trunk in virtue of the presence of a foreign body, which in its turn sets up a neuritis, may result in a contraction of the muscles to which it is distributed. Contractions of reflex origin result at times from irritations far distant; as contractions of the muscles of the thigh resulting from ulcers situated on the cervix uteri. Sayre has written an account of a series of cases of this kind resulting from congenital attachments of the prepuce to the corona glandis.

Secondary contractions result from a pa-

ralysis. As examples we have cases in which contractions of the extensor palmaris muscles follow paralysis of the musculo-spiral nerve, the paralytic club-foot, distortion of the face following paralysis of the facial nerve of one side, etc. Contraction resulting from paresis may be readily distinguished by the readiness with which the muscles admit of passive motion.

Another cause of contraction is to be found in the continued approximation of the points of attachment of muscles. Scoliosis (lateral spinal curvature) is caused in this way and is here mentioned as one of the more grave results of long-continued habits of certain kinds — that of standing most upon one foot, writing while leaning over toward one particular side, etc. In children predisposed to spinal affections, these habits are quite potent in hastening their advent. Positions of the child in utero favoring the action of certain sets of muscles to the exclusion of others, are probably the causes of congenital clubfoot. Another supposition is that these deformities result from *true contractions* of the muscles, due to inflammation of the medulla or brain; another, that arrest in the development of the ankle-bones is the prime cause. All such suppositions are more or less based upon important data which may be adduced.

When ligaments, fasciæ, and tendons shrink they frequently cause deformities *per se*, but more often serve to increase those already existing. Chronic synovitis which extends itself to the capsule of the joints is fruitful of ligamentous shrinkages in that situation. Continued malposition as in congenital clubfoot—this affection being a primary one, due to the too short plantar fasciæ—results in an increase of the original shortening, and sometimes in an incurable condition of the deformity. From continued flexion of the thigh, the fascia lata at times undergoes contractions which can not be thoroughly overcome, even when the patient is anesthetized, and must be cut through before complete extension can be effected.

Contractura palmaris is an affection peculiar to elderly people and is variably due to rheumatic troubles and to the peculiar employment of the person affected. (B. von Langenbeck.) Frequently it is impossible to assign any definite cause for the disease.

Relaxation of ligaments is particulary fruitful of deformities when affecting the lower extremities, and is due to a too feeble development. The results are most noticeable during the active growing period of the subject; genu varum, genu valgum, and the so-called knuckling of the foot are most common at this age. Pes planus is also ascribable to ligamentous relaxation; secondarily there may be a contraction of the peroneal muscles, which by some surgeons is regarded as the primary cause.

When large sections of skin are burned, slough, or are torn away, or when any wound is sustained which heals by granulation, the resulting cicatrix is more or less instrumental in the production of a deformity which will be great or small, according to the size of the cicatrix — the larger, the more forcible will be the contraction from all sides. Cicatricial contractions result from a gradual loss of moisture on the part of the inflammatory new formation, and its conversion into dry connective tissue. It contracts like any body that is drying up. The degree of deformity is also dependent upon the situation of the cicatrix; on the flexor side of the extremities it is most to be dreaded. Cicatrices that occur in the continuity of deep-seated muscles, and in tendons, also produce deformities; which in the latter, when of the fingers, are most apt to be permanent.

TREATMENT.

The most patent indication in the treatment of deformities resulting from contractions is to make artificial extensions. For this purpose various methods are employed; the most common is the practice of manual stretching (manipulation). Frequently the application of a strength rarely possessed is necessary to overcome the firm unyielding large strata of connective tissue in extensive cicatrices and strongly contracted muscles, as well as for the purpose of breaking up strong fibrous adhesions about joints. To avoid irregularities and embarrassment it is customary to use mechanical apparatuses.

The extending machines now used depend upon the combined action of the screw and cogwheel; the philosophy of their action is very old, and our modern machines differ from the ancient ones only in that they are lighter, better finished, and less cumbersome. Mechanical extension is preferable, firstly, because it can be made more evenly, and secondly, because it can be kept up continuously. Unfortunately some situations (the hip and shoulder) are only partially amenable to treatment, because of the difficulty experienced in adjusting suitable apparatus for fixing either the pelvis or scapula. Extension should always be gradually and moderately applied—gradually to avoid tearing

the parts, and moderately to avoid exhausting the patient.

Muscular contractions dependent on nervous affections will not admit of direct treatment. If possible the neuroses should be cured, when the muscular trouble will correct itself. When purely of nervous origin and of not too long standing muscular contractions can be temporarily overcome by anesthetics. Patients suffering from acute articular inflammations extend their limbs without difficulty when thoroughly anesthetized. (In these instances the contractions are of a reflex character.)

Orthopedic apparatus is principally used in the treatment of contracted ligaments and fasciæ. Superficial cicatrical contractions are better treated with continued pressure by means of properly-applied adhesive strips (which promote atrophy) than by extension, except in certain situations.

Distension is combined with compression in the treatment of annular cicatrical contraction. Esophageal, urethral, and rectal strictures as commonly treated with bougies afford examples of this method.

When it is found impossible to overcome deformities by other treatment, tenotomy, myotomy, or the subcutaneous division of various fasciæ may be advantageously done.

The old operation of tenotomy was one of questionable propriety, and most frequently resulted in not only a failure to attain the desired end, but usually in the creation of a new and incurable malady. The old operation consisted of a section through the tendon and the super-jacent skin, etc., and was almost certain to be followed by extensive death of the tissues—the tendon naturally suffering most. Strohmeyer discovered and first practiced the subcutaneous method now universally employed; and von Langenbeck first introduced it to the German surgical world, where it soon attained deserved popularity. Tenotomy is only an adjuvant to orthopedy, and its success depends upon the steps taken to secure the advantages sought to be obtained from the operation.

Suppose the tendo achillis to have been tenotomized. After a few days, from six to eight, it is necessary to begin the application of a properly directed force for the purpose of stretching the new structure which has been interposed between the ends of the divided tendon. If we fail to do this the result is negative, for the reason that the new structure undergoes cicatricial contraction to such a degree as to shorten the tendon quite as much as before the operation.

Subcutaneously divided tendons heal very much like simple fractures and meet with the same interferences in the reparative process. At times a divided artery pours out a large quantity of blood, which may subsequently undergo decomposition, pus is formed, and the tendon dies. Fortunately this impediment is rare. Ordinarily a provisional ensheathing neoplasm is formed rapidly, and at the end of from fourteen to twenty-one days the tendon is completely restored; a fibrous connective tissue structure has been interposed between the separated ends, which very nearly resembles the original tendon.

Tenotomy should only be done for the relief of contractions of such tendons as are not provided with perfectly formed sheaths. Hence the fingers should never be tenotomized; for anatomical reasons it is impossible that repair should take place in these tendons as readily as in tendons surrounded by loose connective tissue. Suppuration is always an attendant of digital tenotomy, and repair never succeeds it. Tenotomy should not be done for the relief of anchylosed joints; gradual stretching of the surrounding muscles comprises all that should be attempted besides breaking up old adhesions.

Sometimes it is necessary to divide tendons for the cure of antagonistic contractions; the contracted muscle is thus rendered inactive for a time, and its paretic antagonist is subjected to less work. In the meantime, the formerly contracted, now divided, muscle has had its tendon lengthened, and so the deformity is cured. Absolute paralysis is a contra-indication for the above procedure. Tenotomy practiced on paretic (not absolutely paralyzed) muscles is said to have a marvelously revivifying effect; but should only be done in the event of the failure of tenotomy of their antagonist.

The fascia lata is frequently divided with marked benefit. The fascia palmaris is a striking exception to this rule. Dupuytren, von Langenbeck, and Billroth describe the results of such practice in a manner calculated to prevent its further exhibition. Extensive suppuration and sloughing and a tedious treatment are the only rewards (?) the venturesome surgeon obtains. Ligaments are beneficially divided in cases of clubfoot and genu valgum. Of course such operations are indicated only in extreme emergencies, and should be done with the utmost care. The subcutaneous opening of the joint-cavity is not followed by any bad effects when carefully done.

While it would seem natural to relieve deformities resulting from cicatrical contractions by cutting through the latter, such operations are in general to be deprecated; the resulting granulating wounds are only new beds for the development of new contractions.

In the case of a child sent me by Prof. J. A. Octerlony I operated with a view to relieving a contraction of the fingers, which had resulted from a burn-wound. Instead of cutting through the cicatrix vertically a long flap including its whole length was made. I was enabled to make proper extension upon a straight splint provided for the purpose, and had the satisfaction of obtaining an excellent result. With the exception of one of their number all the fingers resumed and retained their entire usefulness. In this one the cicatrix had not been entirely dissected up.

Skin-grafting and transplanting of large flaps of skin constitute the preferable operations in cases of burn-cicatrices on the neck and face. In every instance artificial extension with orthopedic appliances must be made and kept up long after the wounds resulting from the operation have healed. The operation itself is only an aid to the apparatus.

It may not be deemed inappropriate to conclude this paper with a few remarks respecting the treatment of deformities, resulting from antagonistic contractions, by means of gymnastics and electricity. Our ability to cure will depend on what can be done for the paralysis; and here opens the wide field of neuro-pathology.

Many cases of muscular paralysis are hopeless at the outset, and an early recognition of this fact will save much labor and concern. The best results are obtained in cases of incomplete paralysis of the lower extremities of children. The administration of cod-liver oil, quinine, iron, strychnia, malt, and salt-baths and friction applied to the impaired muscles are remedies suited to these cases. Time often does more than any thing else for the cure of these lesions, the pathology of which is but vaguely understood. The Swedish movement-cure is much in vogue, and in exceptional cases effects much good; it is certainly the only rational gymnastic treatment. Electricity is also much employed; however, it is more practiced than understood. The mild, constant current seems to be the most useful.

Ziemssen, Duchene de Boulogne, and Remak have done most for scientific electro-therapeutics. Treatment by electricity is followed by more or less success, dependent upon the patience of both subject and operator; often the first evidences of the slightest benefit are postponed until both are well nigh tired of the experiment. We are advised, however, not to lose hope because of our failure to notice twitchings of the muscles early in the treatment. For the electrization of special (individual) muscles the poles should be applied at points corresponding to the entrances of the largest nerve-trunks going to them. (Remak.)

The substitution of artificial rubber muscles over the site of paretic ones is specially commendable in cases of clubfoot. The results are excellent. The practice was first inaugurated by Barwell, and subsequently adopted by Billroth, Luecke, Sayre, and others.

Lastly, every care should be taken to guard against atrophy resulting from disuse of already impaired muscles.

LOUISVILLE.

Correspondence.

Editors Louisville Medical News:

At a meeting of the Floyd County Medical Society, on September 7th, the question of the inaccuracy of clinical thermometers incidentally came up, which resulted in a comparative test of all the thermometers present. A spirit-lamp and cup of water were brought into requisition, and the water heated to a degree somewhere within Fahrenheit's scale, but as to where our thermometers failed to settle the question. *Five* thermometers were produced and plunged into the cup, and recorded as follows: 108.4°, 108.2°, 107.6°, 107.5°, 107°. The above represented four different makers, two being of Tiemann's make. The test proves that at least four out of five of those tested are incorrect, and a timid doubt intrudes on my mind as to the fifth one.

After the test there was a short silence, but no one dared to claim that his was correct; but I thought that I could detect in the eyes of each of the owners a shade of satisfaction that, if coined into words, would have said, "My brothers, you are wrong."

I have observed among men great tenacity in favor of the correctness of their own opinions and their watches, and now among doctors may be added also their thermometers. But in our bewilderment on this sub-

ject your journal came to our relief, as it has done upon other subjects, and pointed the way out. In your issue of the 3d instant you directed our attention to the Winchester Observatory of Yale College for a correct standard, and our society ordered its secretary to purchase a thermometer and send it there for correction. Meanwhile we each flatter ourselves that we carry in our vest-pocket an accurate thermometer.

JOHN L. STEWART,
Sec'y Floyd County Med. Society.
NEW ALBANY, IND.

Editors Louisville Medical News:

Is it the duty of a physician who is called to a case under the treatment of another physician to learn from the first one whether or not he has been formally dismissed and settled with before attending the call? Or can he with propriety attend the call at once on being informed by the patient or responsible parties that they do not intend to have the first physician in the case any longer?

SUMMITT, MISS. J. M. CURTIS.

[According to the Code of Medical Ethics, art. 5, sec. 29, it is sufficient that the first physician has "been regularly notified that his services are no longer desired." Information that this has been done may be received from the patient or the patient's friends. It is not necessary to ascertain it from the first physician.—EDS. NEWS.]

Reviews.

Rheumatism: Its Nature, its Pathology, and its Successful Treatment. By T. J. MACLAGAN, M.D. London: Pickering & Co.

The central ideas of this book are, first, the miasmatic origin of rheumatism; second, that the salicyl compounds act upon rheumatism as quinine does on the paroxysmal fevers.

It is the opinion of the author, propounded with logical skill and enforced by considerable evidence, that the rheumatic poison is malarial, similar to, though distinct from, the poisons of intermittent and remittent fever. He also accepts the modern view that malarial poisons are organisms allied to, although differing from, the contagia, and believes further that they owe their morbific action to their organic development within the system.

In 1876 the author introduced salicin as a remedy in acute rheumatism, and claims that the experience of four years has sustained it as a specific superior to salicylic acid. He quotes Flint as saying that the acid has produced toxic effects and even death, though no such effects are attributable to salicin, while the latter probably controls rheumatism as well as the former.

He combats Senator's theory that salicin acts by being converted into salicylic acid in the body, asserting, to the contrary, that the theory lacks evidence; and that while the two agents exercise a like action on the rheumatic poison, they have an essentially different action on the system.

The book has three hundred and twenty-eight pages, and is replete with interesting reflections on other points connected with the general subject.

Even those least disposed to agree with Dr. Maclagan in his peculiar ideas will derive pleasure from the forcible style and dialectic ability with which he sets forth views that, to say the least, are highly suggestive.

Landmarks, Medical and Surgical. By LUTHER HOLDEN, Ex-president R.C.S., assisted by JAMES SHUTER, M.A.Camb., F.R.C.S. From the third English edition. With additions, by WILLIAM W. KEEN, M.D., Professor of Anatomy, Pennsylvania Academy of Fine Arts, etc. Philadelphia: Henry C. Lea's Son & Co. 1881.

The original idea of the little book was to educate the touch on the normal living body, not to teach by diagrams. Those who wish to train eye and hand in this way can not do better than to use Holden as a guide.

The additions made by Dr. Keen are to be found on every page. They are always judicious and leave one with the impression that the English edition must have been quite incomplete on many practical points.

Observations with the Hemacytometer upon the Globular Composition of the Blood and Milk. By FREDERICK P. HENRY, M.D., Physician to the Hospital of the Protestant Episcopal Church, Philadelphia. Published by F. A. Davis, 923 Chestnut Street, Philadelphia.

Bartholow's Lectures on Antagonism of Medicines and the prize essay whose subject is indicated above are this year fruits of Cartwright's endowment. The essay bears evidence of having been the outcome of laborious days. It is a collection of original facts well stated and conclusions the logic of which is satisfactory. Those in regard

to milk are so practical as well as new that we quote them for the use of health-officers and others who have sought in vain for an easy and reliable method of testing the richness of milk:

1. In fresh milk a count of the globules is a matter of slight difficulty.
2. A milk containing two million globules per centimeter is an excellent specimen.
3. Menstruation diminishes the number of the milk globules.
4. The hemacytometer, on account of its convenience and accuracy, is the most valuable single method for examining milk.

Books and Pamphlets.

THE PRESCRIBER'S MEMORANDA. New York: Wm. Wood & Co. 1881.

THE WILDERNESS CURE. By Marc Cook. New York: Wm. Wood & Co. 1881.

FIRST ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF NEW YORK. Albany, 1881.

TRANSACTIONS OF THE INDIANA STATE MEDICAL SOCIETY, THIRTY-FIRST ANNUAL SESSION, 1881. Indianapolis.

INDIGESTION AND BILIOUSNESS. By J. M. Fothergill, M.D., etc., etc. New York: William Wood & Co. 1881.

CHRONIC PELVIC ABSCESS. A Contribution to the Differential Diagnosis of Abdominal Tumors. By A. F. Erich, M.D., Baltimore. Reprint.

A MANUAL OF HISTOLOGY. Edited and prepared by Thomas E. Satterthwaite, M.D., President of New York Pathological Society, in association with others. With one hundred and ninety-eight illustrations. New York: Wm. Wood & Co. 1881.

FEMALE DISEASES: THE RESULT OF ERRORS IN HABIT AND HYGIENE DURING CHILDHOOD AND PUBERTY. With Remarks on the Treatment of Rachialgia with Igni-puncture (Paquelin's Cautery). By R. J. Nunn, M.D., Savannah, Ga. 1881.

LECTURES ON THE SURGICAL DISORDERS OF THE URINARY ORGANS. Delivered at the Liverpool Royal Infirmary, by Reginald Harrison, F.R.C.S., Surgeon to the Infirmary. Second edition, considerably enlarged. New York: Wm. Wood & Co. 1881.

LECTURES ON THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE CHEST, THROAT, AND NASAL CAVITIES. By E. F. Ingals, A.M., M.D., Lecturer in Rush Medical College, Chicago, etc. With one hundred and thirty-five illustrations. New York: Wm. Wood & Co. 1881.

ATLANTA MEDICAL REGISTER. New Series, Vol. I, No. 1.

This is the new name by which the old and highly respectable Atlanta Medical and Surgical Journal is to be known hereafter. Its editors are John Thad. Johnson, M.D., and James B. Baird, M.D.

Medical Societies.

THE INTERNATIONAL CONGRESS.

PROCEEDINGS OF THE SECTION OF MATERIA MEDICA AND PHARMACOLOGY.

[From the British Medical Journal.]

THE ACTION AND USES OF ANTIPYRETIC MEDICINES ADMINISTERED INTERNALLY UPON SEPTICEMIA AND ALLIED CONDITIONS.

Prof. Binz (Bonn) read a paper on this subject, of which the following is an abstract:

1. In the present state of our knowledge there are two modes in which antipyretic remedies may be conceived to operate; first, by increasing the discharge of the pyrexial heat; secondly, by checking its production.

2. The quantity of heat discharged may be augmented by direct withdrawal (tepid water), or by facilitating the circulation through the skin (digitalis, cutaneous irritants).

3. The production of heat may be lessened by repeated cooling of the surface, and especially by the internal use of antizymotics.

4. Febrile diseases commonly owe their origin to the introduction and rapid development of substances akin to ferments. Several of these have been shown to resemble yeast in being low vegetable organisms or derived from such organisms. They enter the glands, where they undergo multiplication, increase the metabolic processes, generate products of decomposition which exert a paralyzing action on the nervous system, and raise the standard of temperature throughout the body.

5. Owing to impaired action of the heart in certain stages of the disorder, or to contraction of the cutaneous vessels, the skin becomes anemic and gives off less heat than usual. The internal temperature rises accordingly.

6. Quinine, our chief antipyretic, acts by directly combating the efficient cause of the disorder, and by checking the abnormal metabolism going on in the body. The nervous system takes no part or only a secondary part in this operation. In intermittent fevers quinine prevents the paroxysms by attacking their infective cause. The paroxysms are not the essence—the substantive element—of the disease; they are only a symptom of it. The substantive element is the poison deposited in the colorless corpuscles of many organs, especially the spleen. There are fevers without paroxysms and paroxysms without fever. It is just those intermittent fevers which run their course without paroxysms that are the most malignant. The malarial poison rapidly causes disintegration of the tissues and the blood, and so paralyzes the nerve-centers.

7. The reduction of acute splenic tumors by quinine depends upon the adverse influence exerted by the alkaloid on the infective poison to which the morbid over-action of the spleen and its consequent enlargement are due. "*Cessante causâ cessat effectus.*" Even a healthy spleen may be reduced in size by large doses of quinine; the alkaloid vigorously checking the oxidation of its principal elements, the colorless corpuscles. Quinine has no direct influence on the vasomotor nerves.

8. Quinine attacks the malarial poison with especial energy; on this fact depends the so-called spe-

cific action of quinine in intermittent fevers. The same relation, but in a minor degree, subsists between quinine and the infective poison of enteric fever, between mercury and iodine and the poison of syphilis, between salicylic acid and the "irritant" in acute articular rheumatism.

9. An antipyretic which in one disease instantaneously arrests the fever may be wholly powerless in another. The difference depends on the fact that the various antizymotics act very unequally upon the individual *schizomycetes* and ferments; one will paralyze them rapidly, by another they will hardly be affected.

10. The past history of therapeutics and recent achievements in the domain of etiology and pharmacology entitle us to assume that by persistent scientific inquiry and practical observation we may succeed in discovering a specific antidote for every species of infective or septicemic malady.

On Influence of Hydrochlorate of Quinine on Malarial Germs. By Dr. Ceci (Cerino).

Dr. Ceci gave an account of experimental researches made in the laboratory of Prof. Klebs, of Prague, on the influence exerted by quinine-hydrochlorate on the development of germs contained in malarial soils. A cultivation-liquid of a five-per-cent solution of isinglass was employed, infected from different sources, and in every case it was found that the presence of very minute proportions of this salt exercised a remarkable power in preventing or checking the development of the *schizomycetes*. One part in eight hundred was sufficient to prevent any development of germs. The *bacilli malariæ* made their appearance very seldom in the cultivation-liquids, even when the proportion of quinine was very insignificant.

Dr. Wood (Philadelphia) said that the whole study of antipyretics hitherto was scarcely more than a speculation, because the fundamental equation of the problem had been neglected. Elevation of bodily temperature might depend upon detention of heat as well as upon excessive production of heat, and an antipyretic remedy might diminish fever simply by increasing the dissipation of heat, when it was believed to lessen its production. The very first question should always be whether the antipyretic influenced the production or the dissipation of heat. Calorimetrical observations were therefore absolutely necessary. Many experiments on the influence of quinine on the heat-function had been made by himself and Dr. Reichert in the laboratory of the University of Pennsylvania. In nearly every case there was a slight increase in the production of heat; and always a very great increase in its dissipation. The augmented production seemed to be an indirect result, due to the excessive dissipation of heat.

Prof. Stokvis (Amsterdam) brought forward some new researches bearing upon the question whether the symptoms produced by an artificial elevation of the body were to be identified with the symptoms of fever. This question had to be decided in three ways—the clinical, the pathologico-anatomical, and the chemical. The dangers of fever were not in proportion to the elevation of temperature, as was well exemplified in the case of typhoid fever. Dr. Stokvis gave an account of some experiments, conducted under his direction, to determine whether the chemical waste of the body was the same in artificial elevation of temperature and in fever-heat. It was found, contrary to what was generally stated, that with artificial elevation of temperature there was not only no increase of urea in the urine, but even a slight decrease; while at the same time the quantity of carbonic acid exhaled was increased. Therefore there was strong reason to believe that there was an essential difference between the chemical disruption of tissues in fever-heat and in artificial elevation of heat. The experiments seemed to prove that in artificial heating the fatty compounds and the hydrates of carbon were wasted while in fever-heat all the compounds of the body, especially the nitrogenous, were destroyed. By muscular action the temperature of the body could be more elevated in a healthy man than in any other way, but the equilibrium between the loss and production of heat not being disturbed, as it was in the fever, the increase of temperature observed did not reach above 0.5° C. (0.9° F.). Here again the destruction of fatty tissues and hydrates of carbon was the cause of the increased heat. Dr. Stokvis insisted that no explanation of the action of antipyretics could be given until the pathological process called "fever" was studied in all its details.

Dr. Wilberforce Smith (London) observed that Dr. Binz's paper foreshadowed a study of the clues now existing, which would lead to the probable discovery of germicides which may successfully prevent or cut short specific fevers. Quinine as a specific for ague, and mercury for syphilis, were both germicides. Quinine seemed to have a special effect on fungi, and probably the malarial poison was of a fungous nature. On the other hand, bichloride of mercury appeared to have a special destructive effect on bacteria, and it might be asserted that the germs producing syphilis were of this nature. Moreover, quinine and mercury had special affinity for the same tissues as the diseases affected. Quinine and ague affected the blood and spleen, while mercury and syphilis were so related that it had at times been difficult to decide what lesions were the effect of one, and what of the other.

Dr. Churton (Leeds) recalling the fact that body temperature was the external expression of the molecular activity of various forms of protoplasm, said their activity was capable of alteration by entirely different kinds of influence, namely, (1) the dynamic or vibratory, (2) the parasitic, and (3) the poisonous. He suggested a subdivision of antipyretics into (1) dynamic, (2) antiparasitic, (3) antidotal. An antiparasitic would probably also have a dynamic action upon the protoplasms of the organism, especially if the quantity of it in the plasma were relatively large.

Dr. Wood further remarked that Dr. Stokvis's observations on the urine supported the conclusions he had formed for some years as the result of calorimetrical observations.

Prof. Binz and Dr. Donath made some remarks, and the President, Prof. Frazer, summed up the discussion. He said that in the able paper of Dr. Binz and in the discussion which had taken place, two aspects had been brought before the section. In the one the pharmacology of antipyretic agents had been considered thoroughly; while in the other the *modus operandi* of these agents in the pyrexial condition had been discussed rather on a basis of theory than of induction from certainly known conditions. The two aspects were not necessarily in harmony. The one was perfectly independent of the other, and as a consequence false conclusions were almost certain to be arrived at if the theories or facts of the one class were mixed or confounded with those of the other. There was naturally a strong tendency to complete the evidence in favor of any particular theory; and

accordingly the facts of pharmacology had in many instances been supplemented by facts and theories derived from pathology and clinical observation, the value of which as evidence had often been but little. The two paths of investigation were independent. The state of advancement of the one might be very different from that of the other, and the utmost caution should be taken to keep them distinct until the arrival of the time when the facts of pharmacology might, in therapeutics, be harmonized with those of pathology.

PROCEEDINGS OF SECTION OF OBSTETRIC MEDICINE.

ON THE INFLUENCE OF UTERINE DISORDERS IN THE PRODUCTION OF NUMEROUS SYMPATHETIC DISTURBANCES OF THE GENERAL HEALTH AND AFFECTIONS OF SPECIAL ORGANS. By Arthur W. Edis, M.D., F.R.C.P. (London):

Dr. Edis directed attention to the prevalence of sick-headaches, often extending over many consecutive years, due entirely to some uterine disorder. Evidence of this was given, headaches of many years' duration having disappeared when some unsuspected uterine disorder was removed; other more general remedies having entirely failed to afford relief. The morning-sickness of early pregnancy was shown to be frequently dependent upon some flexion, inflammatory condition of the body or cervix of the uterus, or some well-recognized uterine disorder. Relief was obtained by directing appropriate treatment to this latter condition. Uterine epilepsy often depended upon ovarian irritation, flexion producing dysmenorrhea, or other well-recognized form of ovarian or uterine disorder. Other neurosal affections, such as asthma, neuralgia, and chorea, were not infrequently dependent upon some overlooked uterine disorder. Amaurosis, asthenopia, and numerous other pathological conditions of the organ of vision were often found to be due to morbid conditions of uterus. Aphonia, spasm of the glottis, sensation of choking, and other similar reflex phenomena, were often traced to alteration in the position or condition of the uterus.

Miscellany.

ETHER-DRUNK.—During the present week great publicity has been given to an instance of dead-drunkeness from the use of ether. The subject, a French gentleman, is what is incorrectly called "an ether dipsomaniac." He inhales the vapor of ether freely and constantly, and is unable to manage his own affairs so readily and steadily does he intoxicate. He is a gentleman of good means and of thirty-five years, and when he is under his favorite spell he commits mad freaks which, if they do not make the angels weep, give more trouble than weeping to the cabmen, the police, and the civil magistrates of Paris. He has been more than once under restraint; but he relapses when he is free, and now his friends pray that he may be interdicted and that a family council may manage his property. This history is strange but not singular. Ether-intoxication is a recognized form of narcotic mania, and has been known to affect the whole of a district. After Father Mathew, by his surprising eloquence, converted the thousands of his countrymen and countrywomen to total abstinence, one of his districts converted from whisky and other alcoholic drinks was reconverted to ether. At Draper's Town, in Ireland, a man followed the good Father and marred his work by teaching the natives not to inhale but to drink ether, and so effective was the teaching that for about forty years there has been in Draper's Town and about it an ether-drinking community. Dr. Richardson, who visited the district in 1877, found the custom still prevailing, and has described how the ether-drinker, first washing out his mouth with cold water, gulps down from two to three ounces of sulphuric ether without wincing, and in a few minutes is in the height of his frenzy. The madness is short, but active while it lasts; and although it does not seem to have been followed by any of the serious consequences related about the Parisian devotee, it is not safe; for Dr. Morewood, of Draper's Town, has met with several cases in which dangerous insensibility has followed ether-drinking, and has, if we remember correctly, known four deaths from it. Curiously enough to the uninitiated the effect of ether in setting up organic disease in those habituated to it is comparatively trifling compared with the effects produced by the habitual use of alcohol; so that in regard to injury of a chronic kind in the vital organs ether is the most merciful tyrant to its victims. It kills them sometimes, but it does it—as poor Frank Buckland tattooed his salmon—as if it loved them, and it does it off-hand.—*London Lancet.*

EDUCATION OF THE FUTURE.—Its characteristics are: The recognition of the fact that there is very little in the world worth knowing; most that passes for knowledge is but varied expressions of ignorance. A recognition of the fact that out of all real knowledge but a trifle, an infinitesimal portion is to be required of any one individual. The recognition of the fact that not knowledge but the power to acquire and use knowledge is the supreme need. The recognition of the fact that very much knowledge that may be acquired is for temporary use only, to be laid aside when the occasion for its use i past.—*Beard.*

WHILE THERE IS LIFE THERE IS HOPE.—The Cincinnati Commercial gives the following list of illustrious men whose lives have been spared to the world when all hope seemed over:

William of Orange-Nassau, the founder of the Dutch Republic, when shot through the face and neck by a Spanish assassin, recovered, contrary to the expectations of both friends and enemies. Richard I, of England, survived the fever that prostrated him in Palestine, though his best physicians had pronounced his case hopeless. Sultan Baber, the Mogul conqueror of India in the sixteenth century, was at one time so reduced by sickness as to be unable to swallow any thing but a few drops of water. The English King William III, although sickly from his very birth, was thrice given up by his doctors before the end came, and even then owed his death chiefly to the effects of a fall. A still more singular instance was that of the famous Italian statesman, Cardinal Bentivoglio, whose life was despaired of from quinsy. The servants and physicians thinking him already dead, had quitted the sick-chamber, and the universal silence emboldened the cardinal's pet monkey to issue from the nook in which it had hidden itself. Putting on its master's red hat, the animal began to admire itself in the mirror, grimacing and chattering so comically that the moribund cardinal burst into a violent fit of laughter, which broke the quinsy and saved his life.

THE HEART-SYMPTOMS OF CHOREA.—Dr. O. Sturges (The Brain) summarizes the several factors of the heart-symptoms thus:

1. In the course of the chorea of childhood the heart is apt to become irregular or uneven, and its first sound to be followed by apex murmur, which is variable in pitch, influenced by posture, seldom audible in the axilla or at the angle of the scapula, and which disappears along with or shortly after the chorea; the heart and the circulation suffering no injury.

2. This liability on the part of the heart to what, from its signs, would seem to be a functional disturbance is independent of the violence or method of the chorea, but dependent upon the age of the patient; the younger children being the most, and the elder the least liable, while beyond childhood there is little if any liability of the kind.

3. These heart-signs of chorea—acute rheumatism being excluded—give rise, as a general rule, to no symptoms whatever affecting the health or comfort of the child. They make no apparent difference to the prospects of recovery or the structural integrity of the heart. Nevertheless, choreic children having this murmur and happening to die, either with or shortly after recovery from chorea, very commonly exhibit a beading of recent lymph upon the mitral valve. Such, I say, are the chief statements which statistics seem to warrant. I will venture to add another; which so far as I know has never been statistically reckoned, but which no one will gainsay. It is indeed the most constant of all the heart-symptoms of chorea, and met with at a later age than the rest: I mean the acceleration of the heart and the pulse.

THE REPORTING FIEND AGAIN.—Dr. John Ashhurst, of Philadelphia, in referring to some typographical errors in a recent report of his clinical lecture in the New York Med. Record, writes, "I wish to protest that I do *not* use in gonorrhea injections of SIX OUNCES of acetate of lead to TWO OUNCES of water, nor do I attempt to cure CHANCRE with camphor and opium suppositories. I think *two scruples* to *six fluid ounces* quite strong enough for the injection; and it is *chordee*, not chancre, the pains of which I attempt to relieve by the rectal administration of anodynes."—*Medical Times.*

ANOTHER MRS. PARTINGTON.—"How flagrant it is!" said Mrs. Mixer, as she sniffed the odor of a bottle of Jamaica ginger. "It is as pleasant to the oil factories as it is warming to the diagram, and so accelerating to the cistern that it makes one forget all pain, like the ox-hide gas that people take for the toothache. It should have a place in every home where people are subject to bucolics and such like melodies; besides, a spoonful is so salubrious that when run down like a boot at the heel in walking, one feels like a new creature."—*The Druggist.*

THE New England Med. Gazette reports a case of breech presentation in the management of which the doctor vainly tried to dilate the fetal anus, mistaking it for "a rigid os."

DR. JAS. W. SINGLETON, of Paducah, Ky., died September 25th. The funeral procession was the most extensive seen in Paducah for many years.

Selections.

A Case of Suicide by Dynamite.—This curious case of suicide is reported by Dr. Leadman in a late number of the British Medical Journal, and, as he suggests, may prove of interest in a medico-legal aspect:

J. H., aged fifty-six, a well-sinker, of irregular and intemperate habits, on July 12th, concluded a "drinking-bout" of several weeks' duration. During this debauch, one evening, when in company with other men, a man of the party lost a purse containing seventeen pounds. A statement made by H. led to the apprehension and trial of a respectable farmer who was present when the purse was taken. The charge was proved to be groundless. On the 13th, the day of the trial, H., though sober and perfectly rational, failed to appear as a witness, making some excuses to his wife and son. About noon, at the time when he should have been in court, he walked into a garth at the back of his residence, and a neighbor in an adjoining field observing him suddenly fall went to his assistance. He saw blood issuing from his mouth, and at once sent for me. I found the mouth full of blood, and, on examination, the soft palate torn away, the fauces rent, the tongue detached and mutilated, the teeth broken off and splintered, the superior maxillary bones separated and extensively fractured—the fractures extending to the floors of the orbits. Blood was extravasated into the eyeballs, the lower eyelids, and the upper portions of the cheeks. The inferior maxillary bone was broken into about twenty pieces. The skin of the cheeks and lips was intact, save a few scratches on the internal surface of the latter. There was no charring of the tissues. A box of matches was found in his pocket, and one, partly consumed, close to his mouth where he fell. In his trade he used both cartridges and caps containing dynamite, and was well acquainted with this terrible explosive. One of these he had placed in his mouth, and, after igniting the short fuse attached to it, deliberately awaited the result. He survived the lesions two hours, remaining unconscious the whole time. The evidence given at the inquest was considered by the jury conclusive as regarded his sanity, and a verdict of *felo de se* was returned. Although I have both inquired of my friends and examined several works of reference I have failed to discover a similar case recorded.

Another Death under Ether.—We regret to have to notice another death under the influence of ether. Arthur Staines, a miller of Rotherhithe, aged forty-eight, and a patient at Guy's Hospital, was placed under ether on August 27th for the purpose of a surgical operation consequent upon the deceased having run the point of a rusty bill-file into the middle finger of the right hand. From the evidence given at the inquest by Mr. Bernard Scott, the house-surgeon who was in attendance, it transpired that the patient had once suffered from rheumatic fever; but this occurred so long ago, and the sounds of the heart were so clear that no danger was apprehended from that circumstance. The ether was administered, but before the patient was fully under its influence he suddenly ceased to breathe. Artificial respiration was used to restore animation, but without avail. The jury returned a verdict that death was due to syncope. On the evidence which lies before us, we ourselves see no ground whatever for a verdict of death by syncope. It is very doubtful, indeed, whether under ether syncope can occur at all, except when there is severe loss of blood, and in this case the operation was not commenced when the fatal attack supervened. It was also noticed that the breathing suddenly stopped, which is ordinarily the first step toward death under ether, the heart continuing to act for one or two minutes afterward. It would, we think, be more correct to say that the death commenced at the lungs, and was from asphyxia. The man was a miller by trade, and men of this occupation rarely escape the effects of dust, while they commonly have some portion of lung emphysematous, in which condition they are very easily affected by such an agent as ether, taken in the form of vapor into the lung. In this instance would not local anesthesia have answered every purpose?—*London Lancet.*

Medical and Therapeutic Geography—The Influence of Race upon the Action of Poisons.—The researches of M. Chauveau upon the relative immunity of Algerian sheep from malignant pustule give support to this question. M. Bordier finds that the edible frog (*rana esculenta*) and the ordinary frog (*rana temporaria*) act very differently under the influence of the same quantity of caffein; while the tree frog (*rana viridis*) is less sensitive to the action of veratrin than the two preceding forms. In Tarentin (according to Darwin) the inhabitants only breed the black sheep because the *hypericum crispum* which abounds there kills off all the white sheep within fifteen days. In Virginia the *lacnanthes tinctoria* kills the white fowls, while black ones eat it with impunity. Cl. Bernard showed that different races of dogs and horses possess distinctive physiological characteristics which were proportional to differences in the properties of certain histological elements, more especially in the nervous system. Negroes can take enormous doses of tartar emetic, and according to Dr. Thaly, they can ingest one gram (fifteen grains) in the course of twenty-four hours with no more effect than would be produced by five centigrams (three fourths of a grain) in a white man; they also bear mercury well. Broca also noticed that decomposition sets in more slowly in the bodies of persons belonging to this race. The negro can similarly carry a large quantity of alcohol without being overpowered by it; and in the black, white, and yellow races an equal quantity of alcohol will not produce a similar state of intoxication. The yellow race can take large doses of drastic medicines.—*Jour. Therap.*

On the Treatment of Angina Pectoris and other Forms of Cardiac Pain.—Balfour says that arsenic is indispensable in all forms of weak heart accompanied by pain. It is useful in all such cases, and in many cases it is quite successful in putting a stop to the pain. Several cases have occurred to me where arsenic alone has removed angina after a few weeks' treatment, not only temporarily but permanently. Its tendency to irritate the bowels in some patients may be overcome by the addition of opiums or diminution of the dose. One granule of Nativelle's digitalin, night and morning, with arsenic, strychnia, and iron twice a day, after food, is a sort of model treatment in such cases. This treatment is often attended with the happiest results in those cases susceptible of improvement, which are by no means of infrequent occurrence.—*Edinburgh Med. Journal.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

Vol. XII. LOUISVILLE, OCTOBER 15, 1881. No. 16.

J. W. HOLLAND, A. M., M. D., ... Editor.
H. A. COTTELL, M. D., . . . Managing Editor.

THE BOYS ARE MARCHING.

The annual migration to the great towns has begun. By water and by rail, and some by turnpike, the would-be doctors flock in to the medical colleges; a few in the rags left by the battle for fortune in other fields, some in the homespun of unpretending manual labor, and some in the velvet cap and gown of academies.

The gownsmen are growing in numbers year by year. The increasing proportion of medical students qualified by previous training testifies that the schoolmaster is abroad in the land. The medical teacher sees in the near future the time when preceptors and people alike will require of him that he shall exact some preliminary qualification of the student. When the time comes it will find many glad that they have been at last constrained to do what their hearts long since inclined them to do, but worldly policy prevented.

To be able to take it for granted that every man on the benches has had a good English education, that he has had some training in the natural sciences, and, best of all, that he has been broken to the scholar's harness; this will be a relief to the men who teach with honest zeal.

It is grinding work when a man whose business it is to teach the branches of science applied to a profession must at the same time talk on the level of the illiterate if he would not have his words wasted on at least one third his hearers. Every medical teacher who has had the chance for comparing them has witnessed the superiority in examinations of those who studied by a graded system. Having once concentrated the attention upon chemistry, anatomy, and physiology, and thoroughly learned what was taught about them, every lecture in surgery, obstetrics, and practice, every case seen at the clinics had much more in it than if the student was a tyro in all and measurably unfit to receive the more advanced teachings. So obvious is this that no voice of any power is heard in defense of the curriculum in vogue in most of the schools.

Several prominent medical colleges have announced a longer course for the ensuing session. This experiment at New York last winter, if we can credit the Medical Gazette, yielded but bitter fruit. Until the Association agrees to increase the number of terms, to teach a graded system, and admit to study only those properly prepared, all these so-called advances will be regarded as claptrap and the professions of the reformers as insincere.

A FEW days ago Dr. J. M. Green, of the Marine Hospital Service, stationed at Key West, died of yellow fever. He leaves a family unprovided for. If Congress were in session it is likely some action would be taken on this instance looking toward a permanent provision of pensions for the widows and orphans of medical officers dying at their post. According to the regulations of the service, the class of officers to

which Dr. Green belongs are the first to be exposed to contagious diseases from foreign ports. It is a singular oversight that our Government has not already provided aid for those made destitute by the performance of an official duty which entails such exposure. France has led us in this matter, although we trust our next Congress will follow her example.

When it becomes generally known that the Tri-State Society will meet outside the bounds of the three States, our friends, its members, must be prepared for the annual guffaw at its expense. The world will not be surprised if it meets at Cincinnati next, a very appropriate thing to do in view of the high respectability of its Ohio delegation. If the members are at all sensitive, and wish to avoid the cheap wit shot at them every season, they will spread their title to cover the wide dimensions of their membership. We suggest "Midland Medical Society" as an amendment worth considering.

Prof. E. R. Palmer.—The many friends of Dr. Palmer will be glad to learn that he has so far recovered from his recent serious illness as to be able to ride out and secure the benefit of the sunshine and fresh air of these delightful autumn days. He informed us a few days since that he was rapidly convalescing, and expected by next week to be able to resume his professional work. The students of the Medical Department of the University of Louisville are to be congratulated upon the return of this eloquent and efficient lecturer to his favorite post of duty.

The British Medical Association has a balance of fifty thousand dollars in its treasury.

The funded property of the Massachusetts State Medical Society exceeds in value thirty-one thousand dollars.

Original.

THE INDISCRIMINATE USE OF QUININE.

BY W. M. FUQUA, M.D.

No remedy of our armamentarium is more abused, or more indiscriminately administered, than the alkaloid from cinchona bark. And this abuse is alarmingly on the increase. It is time the medical men of our country were awaking to this fact; but instead of remedying the evil, we find they either lead the public or the public lead them in giving quinine for every malady that flesh is heir to.

Dr. S. P. Moore, Surgeon General Confederate Army, positively interdicted by special order the dispensing of quinine to patients other than those suffering from malarial fevers. This order was promulgated at a time when this remedy was very scarce in the confederacy, and possibly had its origin in this fact; but it is easy to conceive that this accomplished and skillful surgeon and physician, who had sojourned in every part of the world, and who had been a careful observer of disease for thirty years, should have become imbued with the idea that quinine was a remedy as potent for evil as for good—that it was a two-edged sword. I conceived the order at the time to be eminently proper, for even prior to this I had espoused the idea that the range of application for this remedy was limited, and that it was only serviceable when we had to combat intermittent and remittent fevers. As a tonic in my hands it has proved of no value, for it arrests gastric fermentation and checks the digestive action of the gastric juice. There are many better tonics which are far cheaper and of infinitely more value.

Quinine congests the brain and its meninges, producing dimness of vision, perverting intellection, inducing unsteadiness of gait, ringing of the ears, and often permanent deafness has resulted from its action upon the auditory nerve. Blindness, partial or complete, has occasionally come under my observation. How could all this long train of evils occur without greatly disturbing the entire sensorium by congestion. In large doses, from thirty to sixty grains, it lowers temperature in very much the same way as if a patient had received a sharp blow upon the head. In other words, the impression of large doses of quinine closely resembles the concussion of brain resulting from a blow or fall.

It is my misfortune to frequently see the gravest results from the heroic and indiscriminate use of quinine, particularly in children during the period of dentition In these cases, with a sensorium already disturbed, it is easy to see what bad results may supervene—such as convulsions, which are often witnessed. Adults as well as infants and children are often so severely impressed with this remedy as to forbid the possibility of their ultimate recovery.

I can not refrain from briefly detailing the case of a young lady suffering from a mild form of continued fever, whose medical attendant directed twenty-five grains of quinine to be given in five-grain doses every two hours, beginning at 2 o'clock in the morning. On the evening of the next day I saw this lady, and her condition was as follows: She had but little intellection, saw objects double and indistinctly, pupils dilated, face flushed, pulse 80, skin hot and dry, partial paralysis of the right side. This state of things alarmed us, and we both agreed it was the result of the quinine. Active depletion by leeching, blistering, and gentle purgation speedily relieved her, and in a few days the patient recovered from her paralysis; but not from her fever until about the twenty-fifth day of her illness.

Such cases as these have been greatly multiplied in the last few years. Recently I was called to see a healthy young man who had fallen insensible while following the plow during the hot weather in July. He was soon restored to consciousness and taken home, a distance of one mile. His physician saw him after a few hours and pronounced his case one of bilious remittent fever. Thirty grains of quinine was to be introduced by 6 o'clock next morning, which was done. The next morning by 12 o'clock forty grains cinchonia had been given, and on the evening of that day I visited this young man. He was unconscious, the pulse slow, head hot, skin moist and perspiring, voided his discharges from both bladder and bowels unconsciously. Cold applications to head, blister back of neck, and purgation with digitalis and ergot made a wonderful change in his condition by next morning. He speedily recovered without any more quinine.

I frequently see children the subjects of partial paralysis, whose minds are weak, who have been dosed with quinine almost from the time of their advent into the world, who were originally sprightly, intelligent children from healthy and intelligent progenitors. How else can these cases be explained except by the maladministration of quinine. It is a remarkable fact that the largest proportion of idiots, imbeciles, and paralytics among the young come from our most malarious districts. Now it is evident to me that this state of things results not from malaria but from an indiscriminate use of the remedy to abate it. I have the acquaintance of some habitual "quinine-takers." These people suffer from every manifestation of nervousness, disordered digestion, giddy heads, palpitating hearts, and one, who subsituted ten grains of quinine for his noonday toddy, after a few years became a hopeless paralytic; the result of ramolissement of his brain superinduced by quinine alone, as he frequently told me.

It gives me pleasure to state that during a period of twenty years I have never given quinine in the acute inflammatory affections, such as rheumatism, pneumonia, bronchitis, pleuritis, puerperal peritonitis, erysipelas, pyemia, or septicemia. Some will argue that I have rejected a valuable remedy. Theoretically quinine is supposed to control inflammatory action by its destructive influence on movements of white corpuscles, and that temperature is reduced because by lessening the ozonizing power of the blood, and thus checking oxidation. All of which we reject because it is not proved. But whenever in the treatment of these acute diseases I have found a malarial complication, then this complication has been promptly met with the antiperiodic. These instances however have been few.

In this country nearly every physician regards irregular febrile movement as evidence of malarial complication. There was never a greater fallacy, and the prevalence of this view has done, and is still doing, an immense amount of mischief. How often do we see a slight bronchitis, or a localized or circumscribed pneumonia accompanied by an irregular fever, which may even intermit and yet not depend upon malaria, but upon the local irritation or inflammation. This is true also of the febrile movement incident to dentition, and to the presence of worms in the prima viæ. Just such cases as these suggest to many of our physicians the use of quinine, which is not only improper and contrary to the best clinical experience, but must of necessity be highly injurious.

In the last few years German authority has called attention to febrile heat as an entity which must be controlled at all events, and how large doses of quinine were obtruded

upon a stomach and an intestinal canal already so far impaired as to be little short of death. Such examples as these I might bring forward without number, but what I have said must for the present suffice.

Now, in conclusion, if by this paper I have caused one medical man to reflect before he prescribes quinine, and have induced him to carefully look for a general or local inflammation as the cause of the fever in question, I will feel I have not entered my protest in vain.

HOPKINSVILLE, KY.

Correspondence.

STRICTURE OF THE ESOPHAGUS.

Editors Louisville Medical News:

Some two months ago I was called to see a negress, aged forty-two, the mother of five children. She had always been healthy, as she said. I found her suffering with stricture of the esophagus. Upon an attempt to swallow the food was retained for a time and then rose by regurgitation. Severe pain attended the spasmodic action, and the irritation extended to the larynx, producing much embarrassment of respiration, with a feeling of impending suffocation. I at first gave the usual antispasmodics, thinking it might be spasmodic stricture, but soon discovered it was real stricture. I then induced ptyalism and kept it up for two weeks, after which I kept her upon muriate of ammonia for two weeks. She has not had a recurrence of the symptoms since. I should add that I used a blister to the sternal region during the continuance of the mercurial course.

Will you give at an early day the pathology and treatment of miasmatic hematuria? Many in this section would like to have this subject ventilated. V. M. NEAL, M.D.

HILLSBORO, MISS.

STRAMONIUM POISONING.

Editors Louisville Medical News:

On the 14th inst. I was called in haste to see three colored children—aged ten, eight, and seven years—who had eaten, as the messenger said, "seeds of jimson weed, and were having spasms." I arrived at 2 o'clock P.M., and found them writhing in agony, pupils very much dilated, high delirium, hiccoughs, dyspnea, intense thirst, and tetanic contraction of the muscles; pulse scarcely perceptible. A full dose of sulphate of zinc, combined with ipecacuanha, was given. The contents of the stomach were soon ejected, which revealed upon examination quite a number of seeds. Chloral and bromide of potassium, of each eight grains, were given to the oldest, and six grains of each to the younger children. This was followed by the ordinary soap-and-water enema, which caused a free action. The hiccoughs soon ceased and the patients fell into a quiet sleep, which lasted over an hour. They appeared very much relieved until 5 o'clock, when the violent symptoms returned. The chloral and bromide of potassium were repeated. I left them resting quietly at 7:30 o'clock. I returned next morning at 8 and found them suffering from great prostration and pain in the bowels with partial amaurosis. Half an ounce of castor oil was given and strong, hot coffee resorted to and continued throughout the day, from which time recovery was rapid.

BLACK HAWK, MISS. J. W. JORDAN, M.D.

Medical Societies.

THE INTERNATIONAL CONGRESS.

PROCEEDINGS OF SECTION OF MEDICINE.

[From the British Medical Journal.]

ON BACTERURIA. By Wm. Roberts, M.D., F.R.S. (Manchester):

For some years Dr. Roberts had occasionally come across cases in which the urine, at the moment of emission, was loaded with bacteria. The urine had the peculiar gray opalescence indicative of commencing decomposition, and a heavy, disagreeable odor, like that of stale fish. The reaction was acid, and the urine showed no tendency to pass into the ammoniacal fermentation. There was, in males, some vesical irritation, marked by more or less frequent and painful micturition. In females symptoms of vesical irritation were sometimes, at least, absent. Pus-corpuscles were always present in insignificant numbers. The general health did not materially suffer. Some of the cases appeared for many years—the vesical symptoms rising and falling in intervals. The organism appeared as micrococci, and actively moving short rods composed of molecules, often joined together in zigzags. Dr. Roberts concluded that the cases in question depended on the establishment of a colony of bacteria (*Bacterium termo*) in the urinary bladder and at the proliferation of the organisms, and perhaps certain products of its action as a ferment gave rise to irritation in the bladder. The condition was not identical, but opposed rather, to that in which the urine (presumably under the action of the micrococcus ureæ) became ammoniacal in the bladder. It was analogous to those cases in which a colony of sarcina established itself in the bladder. The urine after removal showed little tendency to ordinary putrefaction,

and the growth of the organism appeared not to go on in the cold. The condition described was removable in a few days, even after lasting several years, by thirty-grain doses of salicylate of soda twice a day. Cases were given.

On the Origin and Cure of Scrofulous Neck. By T. Clifford Allbutt, M.A., M.D., F.R.S. (Leeds):

The purpose of the paper was to insist upon the local causation and the local development of many cases of scrofulous neck. While giving due weight to the undoubted influence of heredity in favoring this malady, yet that such states might be, and often were, set up in young persons by local causes alone was equally indubitable. Moreover, local causes played a large—perhaps chief—part in producing the malady in those originally strumous. Artificial scrofula was at least as common as the natural. Of local causes, irritation of neighboring mucous membranes was the most common; pharyngeal and aural-pharyngeal irritations being far the commonest antecedents, and the septic kind of these the most effective. The glandular enlargements were thus bubonic, and by caseous degeneration became themselves the foci of further like mischief. After minute inquiry into possible morbid influences acting through the mucous membranes, a rapid and complete cure without disfigurement must generally be sought by surgical means. Free incision and enucleation of caseous deposits were essential. The softening mass under the jaw was usually a subcutaneous abscess with more or less thickened walls, which depended upon infection from the deeper lying caseous glands. With these it communicated by sinuous channels, often very obscure. Upon the laying open of these, and the clearing out of the inner foci, care and future safety depended. Many cases were given, in which Mr. Teale had co-operated with the author in carrying out these principles.

Mr. Treves (London) agreed with Dr. Allbutt that a spontaneous origin for scrofulous glands was very rare, if not doubtful. In nearly every case it was possible to make out some lesion at the periphery. Such lesion acted as the exciting cause only; and he must strongly oppose Dr. Allbutt's view, that scrofula might be due to local causes only. In every case there was, he believed, a tendency for the gland-apparatus, as well as the other structures, to react upon the most trifling irritation. This might be hereditary or acquired. In no perfectly healthy person could the gland-affections of scrofula be artificially produced. The most effective exciting causes of these tumors of the cervical glands were those that involved the adenoid tissue of a mucous membrane. Inflammation of the adenoid tissue of the pharynx caused almost immediate enlargement of glands, but an eczema of the face might exist for a long time before it produced such a result. The commonest seats for scrofulous tumors of glands were the neck, the bronchial region, and the mesentery; and it was significant that the glands in these regions received lymph from the largest districts of adenoid tissue in the body, viz. the naso-pharyngeal mucous membrane, lungs, and the lining of the intestine. It was important to recognize the fact that the gland mischief extended locally, and that one gland could infect its neighbor by the lymphatic vessels connecting them. He fully agreed with Dr. Allbutt as to the treatment of certain of these glands by operation. The treatment by excision was applicable only to a few cases, to glands few in number, and not yet adherent. The treatment by scooping out the contents of the gland was apt to lead to undermining of the skin and to troublesome sinuses. The treatment he would advise was the actual cautery. The point of a thermo-cautery was thrust into the middle of a gland in one or more directions. Through the sinus thus established the degenerate matter of the gland was gradually discharged. He had practiced this method in twenty cases with very good results.

Mr. Teale (Leeds) could in very many cases trace the beginning of enlarged glands of the neck to acute affections of the mucous membrane of the fauces, resulting from unsanitary conditions of life. The cases in which he had operated had turned out even more satisfactorily than he had anticipated. These results were satisfactory; firstly, as to the effect in improving the health; secondly, as to the rapidity of healing; thirdly, as to the condition of the scar; fourthly, as to the absence of subsequent, and possibly consequent, enlargement of other glands. He had observed in the course of his operations that frequently the superficial abscess was fed through a small opening in the deep fascia, to be discovered only by careful searching by a director, and leading to a broken-down caseous gland beneath the sterno-mastoid muscle. He was also surprised how generally enlarged glands were in a caseous condition; so that in many instances he was able to eviscerate the degenerated gland-structure by Lister's scoop, leaving the gland-capsule and some portion of a gland too sound to yield to the scooping-instrument.

Dr. Bowles (Folkestone) thought that, notwithstanding the graphic description of the causes of the disease by Dr. Allbutt, the causes were extremely probable only, but not proved. Confirmatory evidence was wanted. He drew attention to a class of cases of so-called scrofulous glands, which rapidly enlarged in anemic and delicate patients, and which were wholly unaffected by the usual tonic treatment, and were immediately relieved and cured by active saline aperients, followed by iron, and which left no trace behind. In these there was no evidence of local irritation.

Dr. Griffiths (Swansea) was much interested in the subject of Dr. Allbutt's paper. Nine months ago, at a local meeting at Swansea, he expressed identically the same view as Dr. Allbutt had done, on the local causation and development of scrofulous glands in the neck. After considering the primary sources of irritation in decayed teeth, in the mucous membrane of the mouth, pharynx, and nares, he had pointed out that certain diseases of the ear and eruptions on the face and scalp, were frequently observed as the primary irritation in the causation of scrofulous glands in the neck. Three cases had been distinctly traced to wearing earrings. The first case, that of a young woman, ended in scrofulous phthisis. The second had a chain of diseased glands of the neck below the inflamed lobe, extending to the clavicle. She persisted in wearing the earrings till the glands in the axilla became affected. She then discontinued wearing the ornament, and the primary irritation being removed, the lobe of the ear healed, and the morbid action in the glands ceased. The third case was that of a woman aged forty-five, similar in every respect to the last, with the exception that a large abscess formed in the axilla. He had also no doubt that scrofulous glands in the mesentery (tabes mesenterica) arose, as a rule, in local irritation of the mucus membrane of the intestines. The child, living in mesentery conditions, being "out of sorts," was dosed with various drugs, and had diarrhea, sickness, etc. No improvement was made in the diet, irritation of the mucous membrane of the intestines was kept up, and was

followed by induration of the mesenteric glands. No doubt the same law was observed in the causation of scrofulous glands in the mediastinum. The primary irritation might be in the pleura, in the mucous membrane of the bronchial tubes, or even in the blood-vessels. Not long since he traced the primary irritation of a suppurating gland at the base of the heart to an atheromatous ulcer in the aorta. Though local irritation was the main factor, hereditary tendency also played an important part in some cases. The hereditary predisposition might be a tendency to the development of a local irritation on the skin, mucous membrane, or elsewhere; or it might be a tendency to the development of scrofulous glands.

Sir William Gull (President) was of opinion that affections and enlargements of the glands of the neck were too often attributed to some defect, hereditary or acquired, in the constitution. Such a simple thing as improperly dressing the hair might give rise to enlargement of the cervical glands. When the irritation caused by improperly tying up the hair had been relieved by a natural way of wearing the hair, the enlarged glands disappear.

Dr. Allbutt, in reply, said that there were different degrees of susceptibility to lymphatic enlargement. Some people could not, as it were, contract so-called scrofulous neck; others easily could, from very slight irritation or other cause. Again, a certain class of subjects (such as fair, blue-eyed people) could not bear peripheral irritation without secondary enlargement or inflammation; but these were not necessarily scrofulous.

The Treatment of Phthisis by Residence at High Altitudes. By C. Theodore Williams, M.A., M.D., F.R.C.P. (London):

The author first alluded to the effects of great altitudes (12,000 to 20,000 feet) on the human frame, and contrasted them with those of more moderate altitudes (from 4,000 to 10,000 feet), deducing that all advantages of mountain-climates, without their disadvantages, could be obtained at moderate elevations. Statistics were given of cases of phthisis treated by residence at Davos and in the South African uplands, and instances to illustrate the chief climatic effects on the various organs of the body. The influence on the skin is seen in the tanning of the complexion even during winter, which is due to the diathermancy of the air; and in the bracing effect upon the sudoriparous glands, causing cessation of night-sweats. The appetite is considerably increased, except in advanced cases of phthisis; and a gain of flesh (from seven to twenty-five pounds) is the result. Daily exercise and frequent mountain-ascents develop the muscular systems largely. The nervous system is stimulated and not infrequently becomes over-excited, and want of sleep follows; but, as a rule, less sleep appears necessary at high altitudes. In healthy persons or ordinary chronic cases of phthisis, there is little change of temperature. Where there is a tendency to pyrexia, the exciting influence of the climate develops it; and if pyrexia already exist it may increase. Mountain-climates are generally contraindicated in pyrexial phthisis. In consumptives there is quickening of pulse, followed later by a return to the normal rate, with a fuller vascular system and a more powerful cardiac impulse. At the commencement of residence, the respirations are more frequent than in the plains; after a time they gain in depth and diminish in frequency, returning to the normal standard as a gradual expansion of the thorax and lungs occurs. There is nothing remarkable about the respiration-rate of natives. Widening of the chest has been noted by various observers. This expansion was noticed by Dr. Ruedi in ninety-five out of one hundred and five consumptives who passed the winter of 1880-81 at Davos, all stages and conditions of phthisis being included. It may be concluded, therefore, that the enlargement of the thorax is due to direct expansion of its walls from external pressure. The amount of increase in circumference varies from one to three inches. Measurements and tracings had led the author to the following conclusions: 1. As a rule the portions of the chest-wall overlying the *healthy* lung most frequently undergo dilatation. 2. This may be either in an antero-posterior or lateral direction, or sometimes in both directions. 3. It is more common in the upper regions of the thorax than the lower. 4. If the disease be limited to the apex of the lung, the lower portion of the chest on that side may become expanded, this leading to very remarkable deformities of the thorax. The length of time this expansion continues after a return to low levels varies. In the majority of cases it is of long duration, and probably permanent. The changes in the thorax are accompanied or preceded by marked increase of resonance over the whole chest, diminution of dullness over the affected areas, the substitution of dry sounds for moist, and the appearance of (emphysematous) crackle around the old lesions, often masking other sounds. The tendency of cavities to contract does not seem greater than in patients treated at low levels. Over the healthy parts of the lungs the breath-sound becomes harsh and puerile, the inspiration very long, and the expiration short and feeble. Broncophony and bronchial breathing became less distinct. The appearance of the thorax is striking; the intercostal spaces are hardly seen; the chest is full and well developed, but differs from the barrel-shaped form of large-lunged emphysema.

Dr. Norman Chevers (London) said that the principle of expanding the chest had long been recommended as a prophylactic measure in phthisis. A high site for phthisis must not be in a tropical or hot climate. High climates alone tried the heart and lungs very severely. Cases of advanced phthisis almost invariably proved fatal within three months after their arrival in India; but persons with healthy lungs, notwithstanding they might have a hereditary tendency to phthisis, generally escaped the disease by taking up their residence in India; but, as Dr. Ewart agreed, they were peculiarly prone to dysentery.

Dr. Hermann Weber (London) remarked that Dr. Williams had strikingly illustrated one of the important effects resulting from prolonged stay in high elevations in cases of phthisis. He could entirely corroborate this experience as occurring in a certain proportion, though not in all cases. He had, in addition, experienced that the expansibility of the chest became augmented; that in some cases the difference between the greatest circumferences of the thorax two inches above the nipples during perfect inspiration and expiration had increased. Dr. Webber regarded this as the result partly of increased power of the respiratory muscles, partly of increased elasticity of the lung-tissue. He had observed similar changes, though not so great, in cases which had made favorable progress in lower regions. As to the cause of the favorable results obtained in high regions, he thought that of climbing had very little to do with them, but that three great factors had to be considered, viz. relative absence of impurity or of matter producing

fermentation, dryness, and rarefaction. He did not mean to say that high altitudes were the only localities suitable to the treatment of consumptives, but that good results could be obtained in many cases at the Riviera and Algiers, and on sea-voyages; in fact, wherever the air was tolerably aseptic; and that in many cases, especially with a strong hereditary element, no climate could prove curative. Careful medical supervision was every where one of the most important and most necessary elements; and by careful attention to the frequency and suitability of meals, to the purity of the air in the living-rooms, and to arrangements with regard to exercise and open-air life, good results were obtained occasionally even under less favorable climatic influences.

Dr. Longhurst said that the desired conditions for consumptive patients were those which would strengthen the whole frame and system, and thus aid nature in throwing off the consumptive habit or disease. Such conditions were to be found in climatic states which insured a warm, dry atmosphere, an equable temperature by day, and as little variation as possible between day and night—a condition which would allow, so far as possible, a life in the open air. Suitable clothing, diet, and exercise were important auxiliaries. As to the nature of cases likely to be benefited by high altitudes, it is most important to investigate thoroughly the conditions of health of the sufferer, hereditary tendencies, and states of other of the organs of the body, and their functional actions. In those of hemorrhagic diathesis, or in whom the first sign of tubercle had been hemorrhage, the frequency of respiration experienced on first residing in a mountain locality would be likely to induce hemorrhage. It was also most important that the functions of the liver and digestive system be healthy. Cases accompanied with torpid liver and enfeebled digestion were often not benefited. With regard to the increased thoracic expansion, he thought that reliable observations on this head should be made on persons over thirty years of age. Climate during winter in mountain elevations unfortunately varied very much in different years, being sometimes cold and stormy and wet, with frequent fogs. His opinion was that the effects of a residence in high altitudes in phthisis were palliative rather than curative; and in the earliest suspicion of a consumptive habit or symptom, a long sea-voyage or voyages, and lengthened residence in a healthy climate, offered far greater hope for cure than a residence at high altitudes. He had arrived at such conclusions after careful consideration of the subject, and after lengthened residence and observation of phthisis in both Africa and India, two winters in the Himalayas at a height of between 7,000 and 8,000 feet, and several summers in these mountains.

Dr. Alan Herbert (Paris) related the case of an old man, returned from Davos, who consulted him on his way home to England. As soon as he had arrived in Davos his health was good, but on returning to the lowlands he had great dyspnea. On consultation with a medical brother they found he had slight pleurisy, and that there was also that condition of heart and arteries which, together with slight albuminuria, showed the presence of interstitial nephritis. Treatment by compressed air was tried, and with good results so long as he continued in such an atmosphere; but there was such a serious condition on a return to air of less pressure, that the treatment dare not be continued. He died three weeks afterward. He took this case as a counterindication to high altitudes in cases of defective circulation; for, as Dr. Theodore Williams remarked, one of the first results of high altitudes was quickening of the pulse and a fuller condition of the arteries. Therefore, careful examination of the heart and vessels was necessary before sending cases to reside on the hills.

Dr. Theodore Williams did not reply, owing to want of time.

PROCEEDINGS OF THE SECTION OF MATERIA MEDICA AND PHARMACOLOGY.

THE ACTION AND USES OF ANTIPYRETIC MEDICINES. By Prof. Fokker (Groningen).

While there is no great difficulty in understanding the mode of action of simple refrigeration in the treatment of pyrexia, that of antipyretic remedies administered internally is still obscure. We must assume either that they lower the temperature of the body by interfering with the circulation, or that they exert a destructive action in virtue of their antiseptic properties on the low organisms to which the pyrexial phenomena are presumably due. The second of these hypotheses is the more likely one. It may of course be objected that such remedies can never be administered in sufficient quantity to insure their presence in the blood in such proportions as to render it aseptic, or at any rate to exercise an antiseptic influence. It must not be forgotten that any hostile factor, though unable of itself to check the multiplication of the organisms, may succeed in doing so when combined with others equally hostile to bacterial life. It is quite possible, moreover, that antipyretic medicines may accumulate in particular organs, which may then exert a disinfectant influence upon the blood. Antipyretic remedies may legitimately be given in febrile maladies when the heat of the body is such as to threaten the patient's life or even the integrity of his tissues. Under such circumstances those aromatic remedies, which are at the same time bacterial poisons, should be preferred to physical methods of refrigeration. But when the temperature of the body does not rise to a dangerous height, the employment of such remedies in antipyretic doses is undesirable, since a degree of heat only a little above the normal temperature of the body is injurious to the vitality or the virulence of the pathogenic organisms. It is quite possible indeed that the febrile heat may be one way in which the system reacts against these organisms, and tends toward recovery. In all cases, therefore, when the temperature does not rise so high as to be of itself a source of danger, physical refrigeration should be avoided and the antipyretic remedies should only be prescribed in relatively small doses.

TARTRATE OF QUINOLINE, A NEW ANTISEPTIC AND ANTIPYRETIC AGENT. By Julius Donath, M.D. (Graz).

Dr. Donath said that, as regards its physiological action, he found that tartrate of quinoline lowers the temperature of the body very materially when introduced into the circulation; in the proportion of 0.2 per cent it completely prevents the lactic fermentation of milk, the decomposition of urine and gelatine, and the development of bacteria in artificial cultivating-fluids. Therefore, tartrate of quinoline is superior in antiseptic power to sodic, salicylic, carbolic acid, quinine, boracic acid, copper sulphate, and alcohol. In the proportion of 0.4 per cent it prevents the putrefaction of blood and the curdling of milk. In the proportion of 1 per cent it completely destroys the coagulability of the blood, and lowers the tempera-

ture at which albumen coagulates. It is decomposed in the system and does not appear in the urine. Therapeutically, quinoline is a very powerful antipyretic in enteric and intermittent fever; it has a striking effect in periodic neuralgia, and is an excellent local antiseptic. It may be given to adults in doses of one to two grams (fifteen to thirty grains) wrapped up in wafers. Children take it easily dissolved in equal parts of syrup and distilled water. It does not cause any unpleasant after-effects, and the absence of giddiness and tinnitus is especially noted.

Formulary.

ACUTE LARYNGITIS IN INFANTS.

In ordinary cases the yellow sulphate of mercury, prescribed in powder in two-grain doses, may be administered as an emetic. The atmosphere which the child breathes should be constantly loaded with moisture, without, however, that degree of heat which would add materially to the discomfort of the patient. Moist air promotes expectoration and renders the cough looser. A temperature of 75° to 80° F. is required.

The following will be found a most efficient solvent for the pseudo-membrane, and should be used in the steam-atomizer:

℞ Calcis	℥ ss;	15.00	Gm.;
Aquæ	fl.℥ viij;	240.00	"
Glycerinæ	℥ ij;	60.00	" M.

Each second hour one ounce of the following should be used, the limewater being used constantly between times:

℞ Potass. chlorat.	℥ ij;	8.00	Gm.;
Amm. muriat.	℥ j;	4.00	"
Glycerinæ	℥ ij;	60.00	"
Aquæ	℥ vj;	180.00	"

The inhalations may be continued for two hours without wearying the child.

If the temperature is high, quinine should be given in two or three large doses.

As regards local measures, cold water may be constantly dropped from a sponge upon a compress laid over the throat of the child, or two or three thicknesses of muslin soaked with camphorated oil may be applied over the larynx so as to cover the neck in front, and over this a bladder containing pieces of ice, or ice surrounded by oil-silk, to prevent dripping. If oxygen be obtainable, the inhalation of this agent will be found to relieve the dyspnea.—*Prof. J. Lewis Smith.*

FOR NIGHT-SWEATS IN PHTHISIS.

Köhnborn recommends the dusting of the body every evening with the powder used in the Russian army for sweating feet (Medical Bulletin). The formula for this powder was published in our issue of May 7, 1881, but we reproduce it here for the benefit of any of our readers who may not have the number at hand.

Acid. salicylic	3	parts;
Amylum	10	"
Powdered talcum	87	"

If the skin be very dry, it may be rubbed with bacon, alcohol, or tannin, which will cause the powder to adhere to the body. The patient should hold a cloth to the mouth and nose during the dusting, that bronchial irritation from the salicylic acid may be prevented.

Success has attended this method of treatment after quinine, atropia, digitalis, boletus laricis, cold sage tea, and frictions with alcohol, tannin, and bacon had failed.

Waldenburg holds that the action of salicylic acid when given internally in night-sweats is similar to atropia, but far more effectual.

CORYZA.

The following mixture has been found useful at the commencement of a cold:

Carbolic-acid crystals	5	parts;
Rectified spirit of wine	15	"
Liquor ammonia	5	"
Distilled water	10	"

A few drops are left fall upon blotting-paper and inhaled at a distance through the nose and mouth.—*Union Méd.*

Pharmaceutical.

CINCHONA RUBRA—SPURIOUS "COMMERCIAL REDBARK."—R. V. Mattison (Monthly Review of Med. and Pharm.), in an article on this drug, states that the "*commercial redbark*" in the market is usually the rejected bark of the quinine manufacturers, being sold by the bark-importers of New York to the so-called importers or middlemen at an average of from five to ten cents a pound, who in turn sell it to the wholesale druggists at from fifteen cents to one dollar and a half a pound.

A good redbark should contain quinia and cinchonidia, while many of those put upon the market are innocent of the first alkaloid, and contain but a slight percentage of the other, cinchonia and amorphous alkaloids being about the only active agents present. This accounts for the fact that Huxham's tincture, formerly a very useful preparation, is now regarded by many physicians as an uncertain therapeutic agent, and is being supplanted by medicines of better-known strength. The author states that this tincture is generally far better when made from the fluid extracts of almost any of the manufacturing houses than when prepared by the pharmacists directly from the bark, for the reason that the manufacturer is prepared to detect and reject all spurious barks, and, using only the best, can guarantee a fluid extract of standard strength in the alkaloids it should contain.

This "deplorable state of pharmacy" will be remedied when the retail trade learns—

1. That a rich bark can not be obtained at a low price.

2. That a commercial redbark is never *red* bark, is, as a rule, absolutely worthless, and any price paid for it is usually money uselessly expended for a worthless drug.

3. That when a druggist accepts a worthless bark and places it among his stock he becomes directly responsible for its quality, and should be held so by every body purchasing or using it.

4. The wholesale druggist supplying the bark should be and is held responsible for its quality by the retail druggist purchasing, but that even this does not excuse the purchaser from reëxamining it.

Then perhaps we will have red cinchona bark sold which is not a standing reproach to the intelligence and honesty of the general drug-trade—a redbark which is actually a succirubra and a bark which contains the officinal proportion at least, if not double that proportion of alkaloids.

To Cover the Taste of Strychnia.—New Remedies suggests, in answer to a correspondent, that this may be done by converting the strychnia into a tannate. Strychnia tannate, though insoluble in water, will be dissolved by the juices of the alimentary canal if allowed sufficient time. Hence the conclusion that strychnia may not only be disguised in taste, but also successfully exhibited as a tannate, as quinine commonly is in practice. The method given for the preparation of this compound is as follows: Dissolve the strychnine in water with the aid of dilute sulphuric acid, then add a cold decoction of nut-galls until no more precipitate is thrown down. This is to be washed upon a strainer with cold water and finally dried.

Miscellany.

Hints for Traveling with Infants.—Arthur W. Edis (British Med. Jour.) makes the following useful and practical suggestion to those who travel with infants, especially in summer.

So many and so severe attacks of diarrhea and summer complaints are caused by the souring of the milk, and it is often so difficult, if not actually impossible, to obtain supplies of pure milk at stations *en route*, that much trouble as well as danger may be avoided by observing some such precautions. He advises to boil the milk before starting, allow it to cool, and then add to each pint of milk a teaspoonful of fluid magnesia or as much carbonate of soda as would lie on a silver dime. The milk so treated should then be placed in soda-water bottles that have been carefully rinsed out with hot water. The bottles should be filled full, so as to prevent the milk being shaken; and soda-bottles are better than larger ones, as each one will contain a convenient quantity to be used at one feeding.

In very warm weather he recommends the use of condensed milk. This is a specially valuable recourse in this country, where the distances over which our people are often obliged to journey are such as to make it utterly impracticable to carry along a sufficient quantity of fresh or boiled milk, even if there were means of keeping it perfectly sweet and fresh for the necessary time.

In order to provide hot water for mixing with the milk he suggests taking a half-gallon bottle or jug, wrapping it around with sheet wadding and two or three layers of thick flannel outside of the cotton. A layer of scarlet flannel may be added for the sake of appearance, and a handle adjusted to facilitate carrying it. This jug should be filled with hot water several hours before starting so as to thoroughly warm all the covers. Then just before starting the water should be changed for boiling hot water, and by means of this arrangement the temperature can be maintained for a number of hours without difficulty.

Trephining a Lunatic, with Recovery. A man, aged thirty-six, was struck upon the head by a hammer. From that time on he lost the power of concentrating his attention, and finally became insane. The left pupil was dilated, and a sunken cicatrix was found over the left parietal bone. Fifteen months after the injury trephining was performed. The bone was not discovered to be broken, but nevertheless a disk three fourths of an inch in diameter was removed. The wound healed rapidly under the antiseptic bandage. Soon after the operation the patient improved, and in three months was discharged cured.—*Jour. Ment. Sciences.*

The Malarial-poison Germ.—M. Burdel (*Le Progrès Méd.*) has made numerous experiments, at first on sheep, then on himself, and afterward upon other persons, with dew obtained from marshy pools, or water containing microzoa, microspores, filaments, bacilli, etc. obtained from the air over marshes, and never observed any phenomena which approached the symptoms of true intermittent fever. The micro-organisms found in malarious places vary in genera and species with the places, time of day, and season in which they are observed.

TRI-STATE MEDICAL SOCIETY.—We have received the programme of the Seventh Annual Meeting of the Tri-State Medical Society, which meets at Saint Louis, Mo., October 25, 26, and 27, 1881. The officers are: President — A. M. Owen, Evansville, Ind.; vice-presidents — J. N. McCormack, Ky., S. H. Charlton, Ind., David Prince, Ill.; secretary — Geo. W. Burton, Mitchell, Ind.; treasurer—F. W. Beard, Vincennes, Ind.; H. C. Fairbrother, East St. Louis, chairman of Committee of Arrangements; Wm. Porter, St. Louis, chairman of Committee of Programme; Ed. Borck, St. Louis, chairman of Committee of Finance.

Special attention is called to the following rules and arrangements:

1. The headquarters of the Association will be at the Lindell Hotel, where special rates have been secured. Rooms should be reserved by letter in advance.

2. The session will be held in the ladies' ordinary of the hotel.

3. Fare on all the railroads reduced to one full fare going and one third full fare returning.

4. It is proposed that this shall be a "working meeting;" hence (*a*) each session will be called promptly; (*b*) the rule limiting papers to twenty-five minutes will be strictly enforced; (*c*) time for discussion will be given after each paper or series of papers; (*d*) a social entertainment will be given if there is time—not otherwise.

5. Members are requested to be present at first session, as the regular business will begin without delay.

6. Physicians in attendance are expected to apply for tickets of membership issued by the secretary.

PHILANTHROPY AND TYPHOID FEVER.—Under the head of Philanthropy and Typhoid Fever the Sanitary Engineer contains the following:

The English colony at Rugby, Tenn., has lately had a severe experience, proving once again that the most philanthropic intentions are no protection against the consequences of neglect of proper sanitary precautions. A severe epidemic of typhoid fever, with twenty cases, according to the Cincinnati Commercial, out of a population of less than four hundred, has overtaken the colony in consequence of careless and filthy habits. This epidemic is attributed by the physicians to the pollution of the drinking-water of the hotel where many of the colonists get their meals. The water was obtained from a shallow artesian well close to the hotel, and also from a cistern near by supplied with rain-water from the roof. The water in this cistern became very impure from the throwing of slops upon the roof, which drained into the well. There are no water-closet accommodations, and the dejections of the sick were thrown away in the slops, which ran through a ditch into a cess-pool about fifty feet from the hotel. This cess-pool was very filthy, giving out an unendurable stench, and it is believed its contents easily found their way into the cistern and well. It is also supposed that dejections from the first case of fever entered the drinking-water. The disease was especially centered about the hotel, deriving its supply from these sources, where there were three sick, and there were also three other patients in the annex, a few blocks away. The colonists have altered their practice since the physicians have called these facts to their attention; their water is now brought from streams at some distance, and probably they will not again need to be taught that philanthropy and dirt are not congenial.

THE INCREASING PREVALENCE OF MALARIA.—There is a widespread belief among the public that malaria—paludal miasm—is decidedly on the increase in many parts of the United States. Forty years ago Staten Island was a healthy place to spend the summer; now it is notorious for the severe agues prevalent. A score of years ago chills were next to unheard of along the Sound in Connecticut; now they prevail with increasing frequency every autumn. Many valleys in New Jersey, New York, Pennsylvania, and Delaware have for the first time witnessed malarial cases of local origin within a decade. In Philadelphia it is the opinion of some physicians who have been in practice for many years that malarial forms of disease are obviously upon the increase.—*Med. and Surg. Reporter.*

I THINK I see how in the future it will become possible for the pharmacologist to enable the physician to affect in any desired way any function. It will become possible to introduce into the economy a molecular mechanism, which, like a cunningly contrived torpedo, shall find its way to some particular group of living elements and produce an explosion among them, leaving the rest untouched.—*Huxley.*

VANSANT'S METHOD OF LOCALIZING A BULLET.—Pass two delicate, flexible acupuncture-needles down into the suspected spot; connect them by galvanic circuit. If they touch the bullet, the galvanometer will be deflected; if not, there is no harm done.—*Gaillard's Med. Monthly.*

UNNECESSARY OPERATIONS IN THE TREATMENT OF DISEASES OF WOMEN.—Dr. Clifton E. Wing, of Boston, has written a pamphlet with the above title, which gives the key-note to the reactionary current which is setting in against a large number of the surgical operations now and formerly in vogue for the cure of some of the diseases of women. Dr. Wing has taken the following not unusual gynecological procedures to illustrate his position: 1. The operation for ruptured perineum; 2. Division of the neck of the womb; 3. The operation for restoring the neck of the womb where this has been torn (Emmet's operation); 4. Curetting of the uterine cavity; 5. The operation upon the anterior vaginal wall for prolapsus of this portion and cystocele.—*North Carolina Med. Journal.*

MOUTH-WASH FOR TOBACCO-CONSUMERS.—C. Graham, M.D., Chicago, writes: "Bromochloralum, twenty to thirty drops, in a tablespoonful of water forms an excellent deodorizing mouth-wash where it becomes desirable to at once destroy the effect on the breath of tobacco-smoking or chewing. It acts like a charm—it being odorless itself, yet destroying instantly the after-effect of the weed on the breath." Listerine is quite as efficient for this purpose, and has the advantage of being pleasant to the taste, while it leaves an agreeable odor behind it.

LONGEVITY OF BRAIN-WORKERS.—When unaccompanied by worry brain-work is essentially and inherently healthy. Brain-workers have less worry and more positive comfort and happiness than muscle-workers. Brain-workers live under better sanitary conditions than muscle-workers. The nervous temperament, which usually predominates in brain-workers, is antagonistic to fatal acute inflammatory disease and favorable to long life. Brain-workers can adapt their labor to their moods and hours.—*Beard.*

FEES WORTH HAVING.—According to newspaper reports, the four surgeons in attendance upon President Garfield—Bliss, Barnes, Woodward, and Reyburn—charged the Government $4,200 each, or $100 each per day for forty-two days' attendance. Dr. Agnew's bill for the same number of days for "consultations, operations, and visits," $32,600; and Dr. Hamilton, for "visits and consultations," rendered a bill for a similar amount. The remaining thirty-eight days will no doubt be charged at the same rate.

Selections.

Cerebral Excitement caused by the Bromides.—Dr. Henry M. Bannister, in the Journal of Nervous and Mental Disease, speaks of this peculiar effect of the bromides which he has had the opportunity to witness in one single case, that of a powerfully built man of about thirty years, in robust general health, but liable to frequent attacks of the *grand mal* for twenty-seven years, for which he has repeatedly been treated with the bromides with the effect of stopping his convulsions, but at the same time rendering him liable to attacks of genuine epileptic furore. Being somewhat curious in regard to these facts, Dr. B. resolved to observe the effects of the medicine upon the patient himself, and ordered for him Seguin's prescription of ten grains of the potassium and five grains of the ammonium bromide in an alkaline solution, three times a day. The effect on his general condition was excellent; there were none of the unpleasant phenomena of bromism, not even an acne pimple, so far as observed. The attacks, which had been as frequent as two or three a week, ceased almost entirely, his mind seemed to brighten, he became somewhat more active physically, his functions were all regular, his pulse was all the while normal, circulation and sleep good. But with this general physical and mental improvement in most respects, there gradually appeared an offensive self-importance and quarrelsomeness; and after some three weeks of the treatment he was a very disagreeable and decidedly dangerous lunatic; and after he had made an unprovoked assault upon an attendant and had nearly torn the clothes off him it was not considered advisable to continue it any longer. The patient, a few days after the discontinuance of the medicine, was the same rational and manageable subject as before, with also the former frequency of his epileptic attacks.

Similar cases having been observed by Drs. Jewell and Kiernan, Dr. B. regards the fact that in these cases the suppression of the epilpetic attacks by the bromides was accompanied by cerebral excitement and outburst of maniacal furore, as strongly suggestive that the attacks themselves are somewhat of the nature of a safety-valve in some cases, and that the epilepsy is itself an alternative to acute and dangerous mania. The cerebral excitement is perhaps not to be ascribed directly to the medicine, but is secondary to its usual therapeutic effect, the suppression of the fits, and this may be the best explanation of the phenomena.

Detection of Arsenic in Wall-papers.—Dr. William B. Hills takes exception to the wide publicity given to the nitrate of silver as a test for arsenic in wall-papers. He asserts that it is one of the *least* reliable tests for the purpose mentioned. The cases in which the nitrate of silver test gives fairly reliable results are comparatively few, and are essentially the ones in which arsenite of copper (Scheele's green) or aceto-arsenite of copper (Schweinfürt green) is used as a pigment, unmixed with other substances. These arsenical compounds are, however, seldom thus used, but are commonly employed in combination with other substances, by which means the green color is modified and various tints are obtained, in which, as a rule, the arsenical green can not be detected by any physical appearance. Under these circumstances the above test will ordinarily fail to indicate the presence of arsenic, and particularly so if the arsenical green

be mixed with organic pigments. Many of these latter, when treated with ammonia, furnish colored liquids, the color varying with the nature of the organic pigments. If nitrate of silver is added to such a liquid, any precipitate produced, whatever its true color may be, will ordinarily assume the color of the liquid. For example: yellow arsenite of silver will usually *appear* red in a red liquid. Obviously no conclusion can be drawn in such cases as to the presence or absence of arsenic. Again, the yellow sulphide of arsenic is sometimes used, and arsenic in such cases can not be detected by nitrate of silver. The test is also useless in detecting arsenious acid in the aniline colors. Dr. Hills's method of proceeding is as follows: Take a sample three or four inches square, cut into small pieces, moisten with concentrated sulphuric acid, and heat carefully until the paper is thoroughly charred. Let the charred mass cool, add to it about one fluid ounce of water, grind up the black mass so that the water may come in contact with all parts of it; filter and wash. The arsenic will be found in the filtrate, which is to be examined by Marsh's test. All chemicals must be free from arsenic. A paper which, treated carefully in this manner, furnishes no arsenical stain on porcelain, does not contain any appreciable amount of arsenic.—*Boston Med. and Surg. Journal.*

Peptonuria.—Peptonuria, which is the presence of peptones in the urine, with or without simultaneous presence of albumen, has attracted considerable attention within the last few years. According to Maixner (*Centbl. f. m. Wiss.*), peptones are found in the urine in cases of profound disorders of general nutrition, such as acute phosphorus-poisoning and local morbid processes, of which number purulent processes and croupous inflammation of the lungs are invariably associated with peptonuria.

Dr. Dochman, as the result of very extensive analyses, arrives at the following conclusions:

1. Peptonuria is not a disease *per se*, and is different from albuminuria.

2. Peptones of the urine do not come directly from the blood, but are the artificial products developed outside of the circulation in a minor degree in the urinary tubes, but to the greatest extent after the urine is voided.

3. Peptones are the results of urinary digestion of albumen, a process analogous to the gastric digestion, and the existence of which is proved by the following facts: (*a*) Brücke proved the presence of pepsin in urine a great while ago, and Potiechin (personal communication to the writer) recently found also peculiar substances of acid reaction. (*b*) Transformation of albumin into peptones is retarded if the urine, after being voided, is kept at the temperature of 0° C., or its acid reaction is neutralized by alkali. (*c*) Urine, if it is alkaline when voided, contains only the traces of peptones, or none at all. In acid urine containing a good deal of albumen the amount of peptones increases with time and the expense of albumen.—*Trans. Kazan Medical Society; New York Med. Record.*

Viburnum Prunifolium in Uterine Disease.—Dr. E. C. Mann (Boston Med. and Surg. Journal) states the following in reference to the use of this remedy: It appears to him to act directly and specifically upon the special nerves of the uterus as a true nerve sedative. He has had several very violent cases of congestive and neuralgic forms of dysmenorrhea, being accompanied by epileptiform convulsions of a very severe type, and in each and every case he has seen almost magical relief following the use of the fluid extract of viburnum prunifolium. The case referred to, which was so severe that the intensity of the pain had worn out the unhappy sufferer and induced the epileptiform attacks, was completely cured in a few weeks by the combined use of the viburnum prunifolium and the use of the constant current of electricity; the positive pole being applied to the hypogastric region, and the negative pole, to which was attached a cup-shaped electrode, directly to the uterus. . . . . He had failed to perceive any action on the general system, the whole force of the medicine appearing to be directed to the uterus and its system of nerves. When the pulse has been high from nervous excitement, and the temperature-centers in the brain have been temporarily paralyzed, allowing sudden rise in temperature, from nervous excitement, both pulse and temperature have fallen to the normal as the uterine pain has been relieved. His cases have been aggravated ones, many of them have been sent to Sunnyside on the verge of insanity.

Galvanization in Nervous and Mental Disorders.—The experience of Dr. E. C. Mann, Physician to "Sunnyside," a New York private hospital for diseases of the nervous system, confirms the opinion of Bartholow that "galvanism is highly serviceable in certain vascular states of the inter-cranial organs," and that "the relaxed state of the vessels following acute meningitis or cerebro-spinal meningitis may be toned up, and soft, unorganized exudations remaining after the acute inflammation absorbed under the stimulation of galvanism" (Virginia Medical Monthly, July, 1881). Dr. Mann believes that by the constant current, applied twice daily, he has recently cured a young merchant of New York, who was in the incipient stage of insanity. The only other treatment was cathartics and quieting evening treatment. He says that the effect of galvanism to constrict the cerebral vessels may be easily demonstrated upon a kitten from whom a portion of the cranial wall has been removed. In twelve seconds the anemia begins to manifest itself. He agrees with Bartholow that the faradic current does not effect these changes, because it does not penetrate the cranial walls; therefore only galvanism is useful. It is indicated in neurasthenia associated with hyperemia, to relieve the blindness and deafness following cerebro-spinal meningitis, and in neuralgia of the solar plexus, the cardiac plexus, in gastrodynia, ovarian neuralgia, etc. It is thought that it may prove an important agent in ophthalmology to remove the opacity of the crystalline lens, dissolving incipient cataract. No doubt the therapeutic value of this agent is to receive more attention in the near future.—*Detroit Lancet.*

The Frequency of Symptoms in Locomotor Ataxia.—Dr. Bernhardt (Berlin) has tabulated fifty-eight selected cases of locomotor ataxia with a view of determining the frequency of important symptoms. From his statistics it appears that the absence of tendon reflex is the most constant sign of tabes. Thereupon follow in frequence ataxia, feeling of lassitude, vertigo when the eyes are closed, loss of sensation, lancinating pains, and paresis of the bladder. Relative to the etiology of locomotor ataxia, Dr. B. expresses the view that over-exertion, sudden drenchings, and colds are of greater importance than syphilitic infection.—*Virchow Archiv.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

DEATH UNDER ETHER.

A death occurring during the administration of ether, on Tuesday, August 16th, at Addenbrook's Hospital, Cambridge, has called forth some timely comments from the London Lancet.

The patient, a woman of fifty, was placed under ether that a tumor might be removed from the lower jaw. Soon the breathing became embarrassed and she seemed to suffer severely from shock occasioned by hemorrhage consequent upon the operation. The usual restorative measures were employed, but the patient died. An autopsy showed cancerous deposits in the lung, which were sufficient, in the opinion of Prof. Humphrey, whose case it was, to account for the difficult respiration, and the death was attributed to asphyxia. In view of the secondary factors in the case it should be called death *under* ether, and not death *from* ether.

The Lancet cites three other cases of death under ether, which occurred during operations upon the tongue or about the mouth. One of these is the historical case of Barrier (1852) at the Hôtel Dieu de Lyons, which presents points analogous to Professor Humphreys's. The operation was for the removal of a tumor from the upper maxillary bone, and the incisions in the face being made the breathing stopped just as Barrier had divided the ascending process of the jaw. There was no pulse at the wrist, and probably none in the precordial region. Artificial respiration and other restoratives were brought into requisition, but proved of no avail.

It is believed that in these cases the asphyxia was favored (as in one at least the autopsy showed) by the passage of blood into the trachea. While this alone may be sufficient to produce death, it is much more likely to do so if the lung be in any way so diseased that the respiratory surface is diminished or the free ingress of air interfered with. When to this obstructed respiration depletion from loss of blood during the operation is added, the patient rapidly sinks and death follows immediately.

From this the Lancet concludes that ether, on account of its slow action, is an unsafe anesthetic in operations in or about the buccal cavity, especially if the lung be diseased, and advises the use under such conditions of the chlorine anesthetics, which from their rapid action are safer and better. Of these methylene would seem to meet the requirements of such cases, for, besides acting very quickly, it can easily be administered through a nostril-tube, so that the operator is left entirely free, while under it sinking from loss of blood is less rapid than under ether, during the administration of which the arterial tension is reduced.

IS "TONGA" A TRADEMARK?

This is a question now pending before the courts of Detroit. A point of wider significance to doctors and patients is involved in the settlement of it. One of the abuses of the trademark system is the arbi-

trary adoption of the name of the drug as a trademark, thereby establishing a monopoly in its sale or manufacture. While, like the rose, the drug "by any other name might smell as sweet," yet, inasmuch as it has appeared in print and become known to science under the one name, the difficulty in associating a new one with it practically shuts out competition. Thus an unlimited control of the drug may be seized by an enterprising proprietor to the obvious disadvantage of the consumer.

The second danger to which the public is liable is that this proprietor, having obtained professional indorsement of this truly good drug or compound, yields to the temptation to make large profits by advertising it broadcast before the people, who, undiscriminating in such things, accept it on this indorsement, and are made to suffer as much from its injudicious use as from quack medicines notoriously inefficient. It has become a problem to the medical fraternity how to act so as to secure themselves and the sick against these dangers, and at the same time concede to an inventor the reward of his genius and labor, and to the honest pharmacist the credit of his good name. The "tonga" case has some points which may aid us in coming to a satisfactory conclusion. It is believed that what follows is a fair statement of it, as it is in harmony with our own observation of the matter:

This drug attracting the attention of Dr. S. Ringer and Dr. Wm. Murrell, of London, as a reputed Fiji Island remedy for neuralgia, was investigated by them, and the results of their investigations published in the London Lancet. Messrs. Parke, Davis & Co. were induced by this to secure a supply of the genuine article from the Fijis. After going to this trouble, and to the additional expense of placing it in the hands of the profession quite generally throughout the country, and donating generously to the hospitals for careful clinical test and report, a moderate demand sprang up. Before, however, the investment had become a paying one, and at this late date, an English house, Messrs. Allen & Hanbury, step forward, and through their agents in New York City institute legal proceedings against Messrs. Parke, Davis & Co. for what they claim is infringement of their trademark. It seems that Messrs. A. & H. have registered the name "Tonga" as a trademark on the drug tonga, and seek to gain an unlimited monopoly of the manufacture and sale of the article by means of this "trick of the trade."

We await the decision of the court with some interest. If it should be adverse to Parke, Davis & Co., there ought to be a general movement of patients, pharmacists, and physicians to secure a modification of the law that gives so much advantage to a trick at the general expense.

Original.

OPHTHALMIA NEONATORUM.

BY W. CHEATHAM, M.D.

Lecturer on Diseases of the Eye, Ear, and Throat in the University of Louisville, etc.

This disease might be classified according to its different causes. It may be either catarrhal, blenorrheal, or gonorrheal. It may arise from too early exposure to bright light, imperfect cleansing of the child immediately after its birth, or contagion from an existing leucorrhea or gonorrhea. Whatever the cause the treatment is essentially the same.

The disease usually shows itself in from the second to the sixth day after birth. At this time there will be observed in the eye of the child, after a nap, some gluing together of the lids or an accumulation of mucus or muco-pus at the inner canthus, and probably in a few hours a slight edema of the lids. This edema may precede the discharge of matter.

As to treatment, I will first speak of that relating to the aborting of the disease. When it is known that there is an existing leucorrhea or gonorrhea, of course the risk of contagion can be lessened by great cleanliness upon the part of the mother, in connection with certain medicated vaginal injections. Immediately after the birth of the child the parts around the eyes should be thoroughly washed. If there is any doubt about the efficacy of the washing, a three- or five-grain solution of nitrate of silver may be dropped into the eyes and allowed to remain there a minute, when it should be well washed out with a solution of common salt (a teaspoonful to the half pint of water). If there is much reaction from the drops, it can soon be allayed by the application of cold cloths. If the disease has gained a foothold, the first

indication is cleanliness. The eyes should be thoroughly washed every two hours. The cleansing should be done by means of small bits of cloth. No cleansing material which can not be thrown away immediately after use should be employed. Sponges and syringes, though not infrequently brought into requisition in the treatment of ophthalmia neonatorum by the general practitioner, are justly held in abhorrence by the specialist. The sponge, which from its texture can not be readily cleansed, and so may serve as a carrier of contagion, is bad enough, but the syringe is far worse. This instrument may not only serve as a medium of accidental reinoculation, but from application of undue force the fluid may strike the diseased eye, and, returning contaminated with the purulent secretion, find its way into the eye of the surgeon or attendant, where it is almost certain to reproduce the disease. This accident has several times occurred under my observation. Again, the tip of the syringe may puncture the cornea and lead to destructive intraocular inflammation. This accident may appear to be the result of culpable carelessness, but I have known it several times to occur under the hands of careful men. Bits of absorbent cotton or soft old cloths will be found by far the best material for cleansing purposes.

It may be asked how the matter is to be removed from the cul-de-sac. This may be easily accomplished by gentle manipulation of the lids, or after a method which I will presently describe. After cleansing the eye medicated applications should be resorted to. On being called to a case of ophthalmia neonatorum it is my custom to first order tannic acid (five-grain solution), to be used in the following manner: Immediately after cleansing the eye, as before directed, one or two drops of this solution must be put into the eye and allowed to remain for a minute or two. Opening the eye at the end of this time, it will be observed that the matter has coagulated, and can now be easily removed in strings or shreds. Removing these by means of a little absorbent cotton twisted upon a match, the same solution is again dropped into the eye, and the coagulum removed as before.

Tannic acid does not serve in all cases, and when a substitute is required nitrate of silver (one to fifteen grains to the ounce of distilled water) will best serve the purpose. This is to be used in the same manner as the tannic acid, with the extra precaution that it must be washed out of the eye almost immediately with a solution of common salt. This does away with all possibility of silver staining. Some physicians have an unreasonable dread of argent. nit. as a means of treatment in diseases of the eye. I believe that next to tannic acid it is the best agent for application in almost every disease of the lids. For aborting gonorrheal or purulent ophthalmias no other drug can equal it, for it destroys all germs of contagion. I no more hesitate to employ it than I do sulphate of atropia, when I can myself make the applications; and with due care a case of silver-staining will, I am confident, never occur.

In the many cases I have treated I have never had staining to follow the use of silver nitrate where I had personally applied the solution, and I have sometimes used in the abortive treatment of ophthalmia neonatorum a solution of forty grains of the nitrate to one ounce of distilled water.

Edema of the lids may be rapidly reduced by the application of iced cloths. Previous to this application the lids should be well anointed with either simple cerate or some other unctious substance, that the delicate skin of the infant may be protected from the constant moisture. If this precaution is neglected excoriation is likely to occur. In mild cases, or in certain stages of the more severe ones, the common astringents—such as sulphate of zinc, alum, and borax—will sometimes be of service.

Atropia sulphate or eserine sulphate will be often called for either to prevent suppuration of the cornea or, where this has already begun, to stay its progress and hasten its cure.

Although operative procedures—such as paracentesis of cornea when ulcerative keratitis occurs, or canthodectomy when there is dangerous pressure of the swelled lids upon the globe—are sometimes called into requisition, I have never found these operations necessary.

One therapeutic agent which should be scrupulously avoided in the management of this disease is the poultice. Although the general practitioner may have seen many cases that have recovered from (or in spite of) its use, the ophthalmologist has seen many more where under its pernicious action the patient has been doomed to spend his life in total darkness.

Any one visiting our institutions for the blind can but realize the importance of the proper management of ophthalmia neonatorum, for it will be observed that more than

one half of the diseased eyes there found, in which the result has been impaired vision or total blindness, had their beginning in this disease.

Ophthalmia neonatorum, though always serious, and in the light of statistics the most fruitful source of blindness, is a disease which admits of comparatively easy control; and experience fully warrants the assertion that when seen in its earlier stages, and promptly submitted to careful and intelligent treatment, it need never result in the loss of the eye.

LOUISVILLE.

Correspondence.

ERGOT IN LABOR.

Editors Louisville Medical News:

It was a miserable night, that of April 4, 1880—rainy, stormy, chilly, and as dark as pitch. I had just hoisted my weary limbs into my comfortable bed, and was preparing to draw the bed-covers over me, when bang! bang! went the door-knob. With a smothered curse I again hoisted my weary limbs, this time out of bed, slipped my feet into the slippers, and slipshodded toward the door, gruffly inquiring, "What now?" "Come as quick as possible to Mrs. C. L., she is in childbed and it ain't a working all right."

I had so far been exempt from obstetrical practice, on account of my youth and single-blessedness, and this was to be the *debut* of a greenhorn into the mysteries of the lying-in chamber. My shivering limbs increased in that action, and while my body was dressing itself my mind was thinking of "what to take along." Suffice to say that I went prepared to do all the great operations—turning, forceps-delivery, craniotomy, and cesarean section. But I was to be agreeably disappointed, much to the relief of my fever-heated existence. It was but an interrupted labor. The midwife secretly informed me in the ante-chamber that "it was all right, that the labor had not yet commenced, that the waters had not yet been broken, and that the pains the woman had had were false ones. I concluded to examine the woman because she seemed to expect it, and found the os fully dilated, the head presenting in the first position at the superior strait, that the bag of waters had somehow disappeared, and that the vaginal canal was sufficiently slimy and moist. The woman told me that about eight hours ago the waters had broken, but the midwife thought it came from the bladder; the woman also said that she had made her water since and that her bowels had moved. The labor-pains had ceased for several hours and the woman was becoming discouraged because the labor was making no progress. Here evidently was a case for the forceps, but somehow I could not screw up sufficient courage to apply them, and to send for counsel in my first case of obstetrics would put me in the danger of never getting hold of the next case. So I concluded to give the "mutter-korn," "blarsted rye," or ergot in the form of the fluid extract made by A. Peter & Co., of Louisville, a fair trial. I gave the woman a teaspoonful, and sat in the ante-chamber to wait for developments, and to think about the various dangers which might beset my path; concealed, post-partum, and secondary hemorrhage, retained placenta, asphyxia of the child, and so *ad infinitum;* and I felt very much like "gitting up and gitting." In fifteen minutes the midwife informed me that the patient had had a small pain. In thirty minutes by the watch I repeated the dose. In fifty minutes the pains were getting respectable. In an hour and a half after one more dose, the patient gave a yell which sounded like the war-cry of Sitting Bull, and the pains became tremendous. Making an examination I found that descent had taken place, and that rotation was being performed. The first smile of the period threatened my lips. But now! all is excitement, the patient yells, throws herself about catching hold of any thing as if about to burst, and lo! the head pops out, the body, the placenta, and a little gush of blood follow, uterus contracts nicely, the baby cries, the the cord is tied, the midwife is reinstated as general-in-chief, the delighted proprietor of the establishment hands me a ten-dollar fee, and I with elastic steps quit the house to battle with the elements.

This, my first experience with ergot, has led me to place much confidence in the remedy, and so far I have not been disappointed; which may be due to my using Arthur Peter & Co.'s fluid extract exclusively. In interrupted labor, when not an undilatable os or a full bladder or rectum are to blame, or in inefficient action, when nothing contraindicates its use, ergot ought always to be used with tincture of time, at least by those who are not skillful in the handling of the forceps. Of course use always the best.

E. J. KEMPF, M.D.

FERDINAND, IND.

Reviews.

Indigestion, Biliousness, and Gout in its Protean Aspects. PART I: INDIGESTION AND BILIOUSNESS. By J. MILNER FOTHERGILL, M.D., M.R.C.P., London. 12mo, pp. 316. New York: Wm. Wood & Co. 1881.

This book illustrates the two qualities which have made Dr. Fothergill eminent as a writer. First, the style, which is easy and flowing, expressing thoughts that are never dull; and second, the reach of his mind into the new and scientific aspects of our art. He is not content to stand in the old paths, but is ever at work compiling the latest discoveries, combining them into systems, and harmonizing all with the experience of the past. He has a function clearly defined, and no one can deny but that he fulfills it well.

No part of physiology is more interesting or more advanced than that of digestion. The varied phases of the digestive act bearing on every-day life are happily portrayed. The destiny of food-substances is recounted, both the normal course and that which turns awry, producing in the man the symptoms of *biliousness*. The meaning of that vague term is made clear by the light of recent researches into the functions of the liver. While thoroughly scientific in his method, the author gives due credit to the empirical practices of the past. He advises mercurial purges from the point of view of a rational theory, and in other ways reconciles young physic to the teaching of our fathers.

There is surely a mistake upon page 16, where the author says, "The digestibility of a fat is in proportion to its stiffness when cold." He must mean the very opposite if we may judge by the context and by the following, on page 52: "The lower the temperature at which fat ceases to be liquid the easier its digestion."

Lectures upon the Surgical Disorders of the Urinary Organs. Delivered at Liverpool Royal Infirmary. By REGINALD HARRISON, F.R.C.S., Surgeon to the Infirmary, etc. Second edition, considerably enlarged. 8vo, pp. 395. New York: Wm. Wood & Co. 1881.

This is a work which in its first edition was well received, and in the second is destined for even better success. There has been added an extension to the field of urinary surgery. Bigelow's operation is included in these additions. Concerning nephrectomy, there is a short but interesting lecture, which closes with the following statistics from Barker: "Of the twenty-eight attempted nephrectomies, six were done on a wrong diagnosis; in two for neoplasms the operation was left uncompleted. In the whole twenty-eight there were fourteen recoveries and fourteen deaths. Excluding the six for wrong diagnosis, there were thirteen successful and nine fatal. Two of the latter were desperate and left uncompleted."

The printing was done in England, the type and interspaces both larger than is fashionable with us. While the effect is luxurious it is apt to excite a suspicion of intentional padding.

Lectures on the Diagnosis and Treatment of the Diseases of the Chest, Throat, and Nasal Cavities. By E. FLETCHER INGALLS, A.M., M.D. Pp. 420. New York: Wm. Wood & Co. 1881.

The basis of the book is a course of lectures delivered by the author before a medical class studying physical diagnosis. To them has been appended an outline of treatment of the different diseases discussed. Nothing is said concerning causes, morbid anatomy, or pathology. The style is conversational and didactic, dealing succinctly and well with the subjects it considers. The text is set in types of different sizes and abounds in well-selected woodcuts. The type, paper, and binding are of the first order.

Books and Pamphlets.

FIRST ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF NEW YORK.

TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY. Vol. V, for the year 1880. Boston: Houghton, Mifflin & Co. 1881.

A MANUAL OF PRACTICAL NORMAL HISTOLOGY. By T. M. Prudden, M.D. New York: G. P. Putnam's Sons. 1881. Price, $1.25.

TRANSACTIONS OF THE INDIANA STATE MEDICAL SOCIETY, 1881. Thirty-first Annual Session, held in Indianapolis, May 17, 18, and 19, 1881. E. I. Elder, M.D., secretary.

This is a very handsome volume, full of good matter. The printing and binding are excellent, though the proof-reader must have been drowsy when he read Dr. Oppenheimer's article, to which we opened at random. At the top of page 167 it is entitled an "impraved" test for sugar. Cupric is called cupris; "albumenous" is bad; and the managing editor of this journal is called Cottrel.

Medical Societies.

THE INTERNATIONAL CONGRESS.

LOCOMOTOR ATAXY.

[From the British Medical Journal.]

This was the subject of some interesting discussion in the Section of Medicine of the Congress, especially with reference to (1) the effect of nerve-stretching; (2) syphilis as a cause of the disease.

NERVE-STRETCHING IN LOCOMOTOR ATAXY.—A discussion on this subject was opened by Prof. Langenbeck (Berlin), who read a paper wherein cases were related in which the operation of nerve-stretching, undertaken to give relief to the pains, had been followed by improvement in the symptoms of ataxy. It seemed as if the stretching of the sciatic nerve led to beneficial changes in the spinal cord.

Dr. Morgan (Manchester) had not had much experience in nerve-stretching; but at the present time he had under his care at the Manchester Royal Infirmary a case of idiopathic lateral sclerosis in which there were characteristic gait, ankle-clonus, increased tendon reflex, and great pain in both lower extremities. The pains were not relieved by morphia or other drugs. It then occurred to Dr. Morgan that nerve-stretching would be of service; accordingly his colleague, Mr. Southam, cut down on the left sciatic nerve and stretched it vigorously, so as to raise the patient from the table. Under the influence of chloroform, and before stretching, the ankle-clonus was most marked; but immediately after stretching ankle-clonus ceased in the limb operated on, but remained in the right leg. Pain in both legs, however, had disappeared. In the course of a fortnight the ankle-clonus returned slightly—sixty beats per minute, compared with a previous one hundred and twenty; but there had been no return of pain. Dr. Morgan was of the opinion that nerve-stretching in sclerosis, involving the posterior or lateral columns of the spinal cord, was followed by good results. His patient was in all respects better.

Dr. Grainger Stewart (Edinburgh) had met several cases in which pain, with paralysis and other symptoms, showed that there were lesions in the nerves themselves. Of these cases some had entirely recovered just as they might occasionally recover in locomotor ataxy. He thought that it would be found that a peripheral affection of nerves existed in these cases, which was quite separate from central changes. The relief obtained by nerve-stretching in these cases was undoubted.

Prof. Langenbeck pointed out that the disease might arise from affections of the periphery of the nerves; and that the affection of the spinal cord might be secondary; that the painful condition of the nerves which was so remarkable and pathognomonic, could be relieved by stretching; and that by relieving the pains the morbid condition in the cord was relieved or checked.

Dr. Ogle (London) asked whether nerve-stretching was most beneficial in those cases in which the origin of disease was central, or those in which it was peripheral?

Dr. Brown-Sequard (Paris) pointed out that in section of one half of the spinal cord there resulted hyperesthesia on the side severed, with anesthesia on the opposite side; and that when the sciatic nerve was stretched on that side in which anesthesia was present, it disappeared, and hyperesthesia appeared instead and *vice versa*.

ON THE RÔLE OF SYPHILIS AS A CAUSE OF LOCOMOTOR ATAXY.—By W. Erb, M.D. (Leibzig):

Prof. Erb said that his recently published statistics on one hundred new cases of typical tabes in male adults (*Med. Centralb.*, 1881) showed: Cases without previous infection, twelve per cent; with previous infection, eighty-eight per cent; among them, with secondary syphilis, fifty-nine per cent; and with chancre without secondary syphilis, twenty-nine per cent. Up to June 1st he had observed thirteen other cases. Among them there was but one without previous infection; of the remaining twelve eight had had secondary syphilis, four only a chancre. In most cases the first symptoms of tabes occurred from the fifth to the fifteenth year after infection; a considerable fraction, however, occurred from three to five years after infection. On examining all male adults over twenty-five years old, of his *clientèle*, who did not suffer from tabes, and not directly from syphilis, he found seventy-seven per cent who were never infected; twelve per cent who had formerly secondary syphilis; and eleven per cent who had only a chancre. The only possible logical conclusion from these facts was that there must be a certain etiological connection between syphilis and tabes.

Dr. Althaus (London) could not agree with Prof. Erb that there was an invincible and almost an invariable connection between syphilis and tabes spinalis. He could not admit that the unrecognized existence of urethral chancre explained those cases in which there had been no history of syphilis; nor could he admit the unity of the syphilitic poison. Eliminating these cases the percentage amounted to little more than forty per cent. Ancient writers on medical subjects had seen cases of tabes; while it was at least probable that syphilis had only been introduced into Europe at the end of the fifteenth century. Analogy showed that iritis, lupus, psoriasis, and general paralysis of the insane, etc., occurred in syphilitic as well as in non-syphilitic subjects; showing that syphilis did not originate, but rather imitated, morbid processes, leaving all tissues more liable to disease, and more especially local inflammation. He had analyzed one thousand cases of nervous affections which had occurred in his practice, in regard to a syphilitic history, and found that while in epilepsy the percentage was only four in ataxy it was ninety. Among these cases, however, there were about forty per cent of single primary sores, and others doubtful. Mercury and iodide of potassium did very little good, while nitrate of silver, ergot, electricity, etc., often proved beneficial in tabes. Iodide of potassium should, however, be given from time to time, as it seemed to prevent the disease from spreading further.

Dr. Gairdner (Glasgow) was not prepared to accept, according to his present information, the conclusion to which Dr. Erb pointed as probably the result of his inquiries; viz., that about ninety per cent of cases of typical tabes dorsalis had a syphilitic origin. He would, however, not be understood to affirm the absence of a syphilitic history in some cases, or even in a proportion which might justify a belief in its being really a part of the etiological total contributing to the occurrence of the disease. He did not understand Prof. Erb to affirm that the mere anatomical

form of the lesion in tabes was conformable to the regular types of the secondary or tertiary lesions of syphilis, but rather that there was some other mode of association, so minute on the one hand as to be quite apart from the usual evidence of these, and yet so close as to dominate probably nine tenths of the cases in the aggregate. The whole burden of the evidence was thrown upon the statistics submitted; and this gave peculiar importance to the question, how far the facts on which the numbers rested might have been insensibly biased by the personal opinion.

Dr. Lancereaux (Paris) said that tabes dorsalis was not produced by syphilis in any thing like a majority of cases, nor yet in sufficient a proportion to warrant the theory that syphilis was a greater factor in the production of the disease than other causes. In tertiary syphilis the lesion was circumscribed, or limited to certain areas; while in locomotor ataxy it was spread over one region (lumbar) of the cord, and frequently the whole length of the spinal marrow was affected.

Dr. Banks (Dublin) had seen a great many cases of tabes, both in hospital and in private practice, in which a notable number had had syphilis, either some years, often many years, previously, or had had a hereditary taint. He believed that the connection existed in about ten per cent of ataxic cases.

Dr. Zambaco (Constantinople) said that syphilis could be accused of producing every chronic affection. Dr. Lancereaux did not admit a dynamic lesion of syphilis; and acccrding to him every nervous syphilitic trouble was necessarily bound down (i. e. manifest) in an organic lesion. He said that syphilis attacked a nervous center when it arrived at that period in which it destroyed tissues and left indelible scars and damage. But Dr. Zambaco had shown in his book on Syphilitic Nervous Affections that syphilis could profoundly disturb nervous centers without appreciable lesions.

Sir W. Gull believed the question of syphilis to be a much wider one than was generally admitted. He believed he could detect a syphilitic man by his own nose; he could smell him. It was difficult to say what were the ultimate results of syphilis, as there were the direct effect of syphilis and its degenerative effect; and after having contracted the disease a man was no longer the man he was, though he might not be at the moment syphilitic.

On Certain little recognized Phases of Tabes Dorsalis (Locomotor Ataxy). By Thos. Buzzard, M.D., F.R.C.P. (London):

Attention was drawn to the prominence given by both Romberg and Duchenne (de Boulogne) to the incoördination of movement often observed in tabes dorsalis. Hence the symptom (which was very frequently absent) had come to be regarded as essential. The author accepted Westphal's symptom (the absence of the knee-phenomenon), along with good voluntary power in the anterior muscles of the thigh, as almost positive evidence of the existence of tabes dorsalis when it was associated with any one or more of the recognized symptoms. He related five cases in which the *crises gastriques* (of Charcot) were so strongly marked as to monopolize attention, which would hardly have happened had the symptom from which Duchenne named the disease been present. In one of these the author found absence of knee phenomenon, pupils small, contracting in accommodation, but not to light, lightning pains, along with the gastric crisis; but this latter symptom was so predominant that the case was pronounced by others to be one ofcancer of the stomach, notwithstanding that the gastric symptoms had existed paroxysmally for fifteen years. In another, correctly diagnosed as tabes dorsalis, and shown to him by Mr. Herbert Page, there was a history of obstinate vomiting and epigastric pain of at least three months duration. Many cases of so-called "gout in the stomach" might probably be examples of the gastric crises of tabes, as well as some supposed to be due to intestinal obstruction. A like prominence of some other symptoms of tabes might equally absorb attention. Pierret's view, that the disease was essentially a chronic inflammation of sensory fibers, was adopted, and it was urged that, just as optic atrophy might be the dominating symptom in some cases, so atrophy of the auditory nerve might be the prominent one in others, and thus many cases of so-called "nervous deafness" might be examples of tabes dorsalis. In one case, stone in the bladder was the first symptom of tabes dorsalis. The bladder-trouble might be more than usually pronounced, and lead to retention of urine and accumulation of mucus, in which a phosphatic calculus was easily formed.

The President said Dr. Buzzard had used the older term, tabes dorsalis, by which this disease was known some years ago. It was a wider term, since the disease might begin by affections of the bladder or by gastric symptoms. The late Emperor of France had stomach- and bladder-symptoms some time before his fatal illness. It was extremely difficult to determine the seat of the lesion; to determine the seat of pain was easier. Was the seat of the lesion in such cases in the stomach or in the head? Which end of the nerve was affected—central or peripheric?

Dr. Gueneau de Mussy had seen cases in which the gastric pains of tabes dorsalis had been mistaken for gout at the stomach, and quite agreed that many such cases were thus mistaken; but in gouty patients who had vomiting there was often sudden and great pain at the pit of the stomach, going thence to the intestines, but it was distinctly local. He had a patient who presented undoubted symptoms of tabes dorsalis, who sometimes suffered from gastric symptoms, and at other times from a sharp attack of diarrhea. Thus a wrong diagnosis might be made if the physician were not careful, but sooner or later there would be some alteration in gait, or there might eventually be ptosis, or strabismus, or something showing the presence of a nervous lesion.

Pharmaceutical.

Dr. Squibb on the Tincture of Iron.—"In regard to tinct. chl. iron, the last committee of revision of the U. S. P. made a mistake, which is to be corrected in this revision. Tinct. chloride of iron is not fit for use until at least six months old. I never send out any that is less than six months old, and have now changed to make it a year old. An important part of its therapeutic value depends upon ethers that are generated slowly from the large excess of

HCl [hydrochloric acid] and the alcohol, and any one who will compare the sensible properties of an old with a recently-made tincture will see how very different they are. The present U. S. P. therefore, in permitting the acid solution of the chloride to be kept and sold separately, so that the pharmacist can make up his tincture as he wants it, makes a great mistake, and on that account I have never made nor offered the solution of the U. S. P. for sale.

"The solution of chloride of iron of my list is a very different thing, and is the old Pravaz solution, which has been used chiefly for surgical purposes since the time of Pravaz; and the second mistake of the U. S. P. was in adopting an incorrect name for its highly acid solution, and thus confusing it with a solution in common use that is very carefully made normal or free from the smallest excess of acid. This solution (of my list) contains fifty per cent of normal neutral chloride of iron, and from being normal does not do to make tincture at all, *and much alcohol has been wasted in trying to use it.* This, however, was not my fault, although perhaps I ought to have dropped it from my list when the U. S. P. took the same name for its acid chloride. There have been many mistakes made and much harm done also on the other side of this matter by surgeons prescribing for their uses the liq. ferri chloridi, and of course getting the U. S. P. solution, which from its abundant free acid was very hurtful in surgical use.—*Bost. Jour. of Chem.*

Quinine Manufacture.—The manufacture of cinchona alkaloids is an important industry. From the latest data it is found that nearly twenty-three thousand pounds of quinine are consumed yearly in Italy. It is also found in nearly every pharmacy in the old world, from which England alone receives two thirds of her supply. Endeavors have been made to acclimatize the cinchona in Italy, to increase the supply and lessen the cost of the product. Its successful culture in India encourages the belief that it will grow wherever the soil is dry, the rains large, and the climate temperate. In this connection, according to facts reported, certain parts of the United States fulfill these conditions; and if such facts were put to the practical test, the cultivation of cinchona in America would lessen the cost materially of an indispensable drug and furnish a new industry to capital and labor.—*Pacific Med. and Surg. Jour.*

Formulary.

ASTHMA.

Apomorphia subcutaneously, in $\frac{1}{10}$-grain doses, has been found effective.

℞ Lobeliæ fol. pulv.....
Stramonii fol. pulv.....
Belladonnæ fol. pulv... } āā ʒ ij; 8.00 Gm.;
Potass. nitrat. pulv..... ʒ iij; 12.00 Gm.

M. Keep tightly corked.

The patient is required to shut himself in a small, warm, close room, and sprinkle the medicine on live coals, or smoke it in a fresh clay pipe, until relief is obtained, which is usually within ten or fifteen minutes.

Dr. R. M. Lawrence, who has systematically studied the effect of ethyl iodide, recommends inhalations of fifteen to twenty drops of this ether from a handkerchief, repeated three or four times daily. It keeps the system constantly impregnated with iodine, and proves a most useful agent in spasmodic and other forms of nervous dyspnea, as also in the dyspnea of chronic bronchitis. We may mention besides the good results obtained by its inhalation in hay-asthma. It seems to favor oxygenation of the blood and to stimulate the respiratory muscles.

℞ Tinct. lobeliæ..... ℥ j; 30.00 fl.Gm.;
Ammon. iodidi..... ʒ ij; 8.00 Gm.;
Ammon. bromidi..... ʒ iij; 12.00 Gm.;
Syrup. tolutan..... ℥ iij; 90.00 fl.Gm.

M. S. A teaspoonful every one, two, three, or four hours (Bartholow).

Of this prescription Dr. Bartholow says, "It gives relief in a few minutes, and sometimes the relief is permanent.—*Prescriber's Memoranda.*

Miscellany.

Rectal Exploration and Diagnosis.—Dr. Charles B. Kelsey, of New York, contributes an article to the New York Medical Journal and Obstetrical Review for October, 1881, which contains several valuable suggestions and the description of some methods which are original. After referring to the many errors which arise in this department of surgery from the lack of care and proper examination he goes on to answer the question of how to make a rectal examination which shall be at the same time thorough and as free from pain as possible. In his own practice he uses an artificial light of his own arrangement, and a forehead-mirror, which enable him at all times to illuminate the rectum thoroughly, while by the side of the examining table stands an instrument-case fitted with all necessary appliances. In addition to these things he insists strongly on the necessity of having a water-closet

communicating with the office, so that injections may be administered and the bowels moved at the time of the examination. In the matter of specula he confines himself almost exclusively to Sims's, finding this the best of all after the sphincter has been stretched, and not finding any that give a fair view of the parts until this has been done. He relies, however, much more upon the finger for a diagnosis than upon any artificial helps, and claims that with it, after the necessary skill has been acquired, the slightest pathological changes may be detected. In the matter of bougies he also has his own preference, and recommends a soft-rubber instrument similar to that of Wales only more flexible. For detecting strictures high up in the rectum or in the sigmoid flexure little confidence is to be placed in a bougie of any sort, and the writer relies almost entirely on manual examination either through the abdominal wall or by passing the hand into the rectal pouch. The latter method he holds to be free from danger and certain in its conclusions.

THE Kentucky State Board of Health met in Louisville October 12th. An epidemic of smallpox at Covington was reported. The secretary was instructed to visit that city, make inquiries into the means adopted for preventing the spread of contagion, and to offer such assistance as the Board was competent to give. A committee was appointed on State legislation, whose business shall be to confer with members of the legislature for the furtherance of sanitary work. A paper was read by the secretary, which was proposed as a sanitary tract for general distribution. It was the general sentiment that at present a leading function of the Board was to educate the public in hygienic matters through the press.

SENTIMENTALITY ABOUT VIVISECTION.—That pleasant French traveler, Henri Havard, tells us that on his first visit to Holland he used to see quite often the heavy barges called *trekschniten* dragged along the canal by a big dog and a woman harnessed to the same rope, while the man steered. Upon a later voyage he missed the big dogs and saw only the woman, or perhaps two women, tugging at the heavy boat. Informing himself as to why this change in the habits of so conservative a race as the Dutch, he learned that the local Society for the Prevention of Cruelty to Animals had secured the passage of an act prohibiting the harnessing of dogs; so the women had to do it all themselves! In similar style the anti-vivisectionists of England and this country are striving to prevent some very few of the lower animals from being used for the purposes of science, when the inevitable consequence of their success would be that the progress of medical knowledge—which means the relief of pain, the restoration to health, and the preservation of life—would thereby be retarded. —*Med. and Surg. Reporter.*

THE Thirteenth Semi-annual Meeting of the Medical Society of the Third Congressional District (of Indiana) will meet at the court-house, in New Albany, on Thursday, 3d of November, at 10 o'clock A.M. A very interesting and profitable meeting is anticipated. There will be a popular lecture at 8 o'clock P.M. by Prof. J. M. Mathews, M.D.

THE body resembles an army; each cell, a soldier; an organ, a brigade; the central nervous system headquarters, a field-telegraph; the alimentary and circulating system, the commissariat, and in which losses are made good by recruits born in camp; and the life of an individual is a campaign, conducted successfully for a few years, but with certain defeat in the long run.—*Prof. Huxley.*

A MEDICAL SCHOOL THAT HAS TYMPANITIS.—The "biggest thing" we know of in the way of modern progress is the "Reform Medical College of Georgia," which proclaims itself "the only reform medical college in the world, except it may be one in Ohio." It promises to manufacture a reformed doctor (qu.? Buchanan) in eighteen months, including two short courses of lectures. The faculty has six professors, one of whom resides in Atlanta, two in Macon, two in New York, and one in Michigan. Referring to scholarship-tickets, the announcement says, "This will entitle the holder to attend as many courses as they please." It also calls on the young men of Georgia to "remember that while the profession is full to overflowing of old-school practitioners, there is plenty of room for reformers, especially up stairs." A bad case of tympanitis, we should say.—*Pacific Med. Journal.*

M. PASTEUR, it is stated, has resolved to visit the Bordeaux lazaretto to study yellow fever, and ascertain whether it be due to a parasite and can be guarded against by inoculation.—*British Med. Journal.*

An Anesthetic Car.—A correspondent of the British Medical Journal gives the following description of Bert's anesthetic car constructed for the purpose of giving nitrous oxide and compressed air: "I was at the St. Louis Hospital, in Paris, one morning; the car was there, and some operations were to be done on it. We—the patient, the doctor, and his students—went into the car; the door, air-tight, was closed and air forced into the car; in a few minutes my ears began to feel strange, and I was told to swallow, yawn, and blow my nose, which I did every few minutes, and so made the pressure equal on both sides of the drums of my ears. The patient laid himself down on the operating-table, and the anesthetic agent was given him. He took it very quietly, did not struggle, and was soon insensible. While he was unconscious an epithelioma was removed from his lower lip. After the wound was sewn up the compressed air was allowed to escape, the patient got up from the table, walked out of the car, and lay down on the grass; he complained of no headache nor nausea, but said he felt just as usual. We also were glad to escape from the car on account of the heat, which was very intense. During the operation all the assistants and surgeons pulled off their coats and waistcoats, and yet they perspired very freely. The car is on wheels, and is carried about from hospital to hospital; the hospitals being under government, the car is a public one, and is taken all over Paris."

"Ethereal" Castor Oil.—M. Prodam, a pharmacist of Fiume, Austria, has obtained from the castor seeds, by treating them with ether, not only the oil, which would not be purgative by itself unless it contained some of the active principle known as *ricinine*, but a solution which also contains this principle in larger proportion. He is thus able to get the purgative effect of the oil by a smaller dose and without the disagreeable taste of the ordinary oil. His preparation has further the advantage of being miscible, in any proportion, with water, coffee, or milk.—*Chemist and Druggist.*

The true function of a medical society is to gather together and then diffuse knowledge, to encourage independent inquiry, to survey from time to time, by the light of mutual reflection, the positions attained, and thus to seek sound guidance in the application of our knowledge to our practical duties.—*Robert Barnes.*

Selections.

THE EFFECTS OF SOME DRUGS IN LACTATION ON NURSE OR NURSLING.

[By Thos. M. Dolan, F.R.C.S., Ed., in Lond. Practitioner.]

Chloral, Hydrate of.—Chloral is now so frequently used in connection with parturition, and is such a well-known remedy for puerperal convulsions, that it is a most important medicine in connection with my subject. Dr. Fothergill has pointed out the effects of chloral on the general vascular system, and its calming influence on the arterioles of the skin. We know that it is cumulative, and hence some of the sudden deaths from its use. So that if it be given as recommended by some accoucheurs it may affect the lacteal secretion.

Ringer tells us E. Lambert recommends chloral in parturition in fifteen-grain doses every quarter of an hour till the patient falls asleep; and he states that this treatment does not weaken the uterine contractions, while the patient is prevented from suffering pain, and is insured calm repose after delivery.

Dr. Playfair thinks that chloral acts far better than chloroform inhalation, as chloral does not lessen the contraction while it greatly lessens the pain. Moreover, it is chiefly applicable at a period when chloroform can not be used; that is, toward the termination of the first stage before the complete dilatation of the os. The patient falls into a drowsy state, a sort of semi-sleep. Dr. Playfair gives fifteen grains, and repeats the dose in about twenty minutes, leaving its subsequent administration to circumstances.

Obs. 1. Fifteen grains of chloral given to a patient every four hours before confinement until seventy-five grains had been taken. Labor slow, tedious, terminated naturally. No trace on third day in milk. I believe that chloral does have an effect upon milk, though when given before labor it is eliminated before the third day.

Castor Oil.—The effects of castor oil in the nursing state are well known. In plethora when the secretion is deficient it is most useful; and the leaves of the plant will be found of great benefit applied as a cataplasm. I have repeatedly given castor oil to mothers, and have invariably found that it exercised a purgative action on the child; the mother's milk possessing the taste and flavor of castor oil.

Conium, Hemlock.—Most of the umbelliferæ are readily absorbed by the lacteal vessels, and may be easily found in the milk. Conium, from its sedative action and its influence on the nerves of motion, could not be expected to increase the milk supply. There are reasons, however, for its administration to mothers who are nursing, so that it is important to note how soon, if at all, it appears in the milk, and what dose produces an effect. Conium, praised by Störck for the cure of uterine scirrhus, and by Dr. Tunstall for chronic inflammation of the womb, is an excellent sedative for backache and for the sexual organs. It must be given until its physiological effects are produced, and this means a dose of the succus conii (B.P.) of two or three drams.

I administered two-dram doses of the succus conii every three hours to Helen W. until she had taken twelve drams.

Digitalis Purpurea, Purple Foxglove.—As a rule digitalis lowers vascular activity and blood-press-

ure, although there are occasions when it has an opposite effect. It is well called a cardiac tonic, as it regulates the heart-beats, producing rhythmic contractions in place of disordered and irregular action. As the latter state may exist during lactation, its administration may sometimes be deemed advisable. In three cases I administered infusion of digitalis in half-ounce doses every six hours, but could not detect any evidence of it in the milk. This is doubtless owing to its being so speedily eliminated by the kidneys.

Ergotin —The effect of ergotin on fetal life is well known. Its influence on the milk has not been noted. I gave twelve grains to a private patient one month after confinement, owing to a slight attack of hemorrhage, in doses of two grains every three hours; the effect was satisfactory. The mother told me that she believed the pills, though small, had affected her milk, as her child was cross and seemed to suffer from pain, and would not take the breast. She said she would not take any more medicine. She allowed me to draw off some of her milk, which was submitted to the test but none was found.

Iodide of Potassium.—Simon states that he could not detect this in milk, and Meymott Tidy (London Hospital Reports, 1867) admits a similar failure; Herberger found it. My own observations accord with those of the latter, and I employed it for two reasons: First, to see whether it did enter into the milk, and secondly, to observe its action as an anti-lactescent, for which purpose Dr. F. H. Morris, Cheltenham, recommends it. He says (Lancet, vol. ii, 1874), "that in three-grain doses every three hours it is better than belladonna."

Emma Cooper. History given in previous section. I gave her fifteen grains of iodide of potassium every three hours. After she had taken sixty grains I drew off six centimeters of milk and tested it. No alteration as regards quantity of secretion. I continued the iodide for some days in smaller doses (five grains) but still there was no decrease in quantity of secretion. So that my observations do not confirm those of Dr. F. H. Morris, but I believe its prolonged use deterioates the milk by impoverishing the blood.

I drew off twenty centimeters of this woman's milk on the third day of her taking the iodide, and gave it to a child aged eighteen months. The child's urine was collected and examined; slight traces of the drug found.

Mercury.—An Irish student was once asked how he would salivate a child three months old, and he replied that he would give mercury to a she-goat and allow the child to drink the milk.

Mercury undoubtedly finds its way into the blood, and as Headland says (Actions of Medicine) by some inscrutable chemical power, of whose nature we know nothing, it is able to decompose the blood; by some destructive agency it deprives it of one third of its fibrin, one seventh of its albumen, one sixth or more of its globules, and at the same time loads it with fetid matter, the product of decomposition. Mercury has been found in milk. (Gallier, *Toxicologie Générale*, 1855.)

Obs. 1. Mary W., private patient, aged twenty-five, gave five grains of blue pill at bedtime followed by a purgative draught in the morning. Aperient action produced. No effect on milk. No trace of drug could be found in it.

Obs. 2. Rebecca G., syphilitic private patient, gave gray powder in doses of one grain every six hours for three days; slight purgative effect produced with marked fetor of the breath without sponginess of the gums. Presuming that the mercury had evidently entered the circulation, I drew off twelve centimeters of milk. Mercury could not be detected. This investigation is incomplete.

Opium.—I have had several opportunities of noticing the effects of laudanum on mother and child. When the dose is large the narcotic principle can be detected in milk, but in small doses no trace can be found.

I had a patient, Mrs. H., a lady in good position, who was in the habit of taking the tincture for sleeplessness, her usual dose being twenty to thirty minims. As she was suckling, I asked her whether she had noticed any effect on the child; she answered yes. When the child was fed it slept the whole night without disturbing her. Her infant was pallid and listless. She sent me some of her milk after taking her usual quantity of the tincture. Odor slightly altered. Responded to test for morphia.

Quinine.—Quinine readily passes into the blood, and probably very little is decomposed in the body, as it can be detected in the urine and sweat of healthy and fever patients. It is almost exclusively eliminated by the urine, most of it being secreted in six hours. It has been found in the blood.

As quinine is one of the best tonics we possess, it is given therefore in all states of the system where debility is present; so is much used when mothers are nursing, and it becomes important to note its effect on mother and child.

Obs. 1. Small doses, three grains every hour, were given to Alice W. After twelve grains had been taken eight centimeters of milk were drawn off, but no trace could be found; though it was found in the urine. The child did not object to take the breast. No doubt only a small quantity was taken up by the blood, as the dose was small; the largest quantity being eliminated by the kidneys.

Rhubarb (Rheum Palmatum).—All the polygonaceæ are not so readily absorbed as this drug. It is almost exceptional as regards the ease with which it can be found in the urine, sweat, in the serum of the blood, and in the milk. It colors the secretions, owing to the presence in it of chrysophanic acid. As a puragtive for women and children it is well known. It acts physiologically upon the infant through the agency of the mother's milk, which it renders slightly bitter and at the same time purgative.

Senna.—Neligan tells us that the cathartic principle of senna is absorbed before its operation is produced, as is proved by the action on the intestines when an infusion is injected into the veins, and also by its imparting a purgative property to the milk of nurses.

I have frequently employed it as a purgative for nursing mothers, and have invariably found that the milk affected the infant—in many cases producing colic. The peculiar flavor of the senna and the odor were distinctly perceptible, though it does not lessen or increase the secretion of milk.

Rheumatism, Gout, and Rheumatic Gout.—A paper read before the London Congress, by Jonathan Hutchinson, F.R.C.S.:

The following propositions were laid down in this paper: 1. Rheumatism is, in the main, a liability to joint-disease, brought about by exposure to cold and

wet, through reflex nervous influences (a catarrhal arthritis). 2. Gout is, in the main, a liability to joint-disease, brought about by certain articles of food, by defect of assimilation, and of excretion (a humoral arthritis). 3. In each disease, although the joints suffer most prominently, they by no means suffer alone. 4. In each, by transmission through many generations, a diathesis is formed which is heritable, and which gives peculiarity to the diseases from which its subjects may suffer, and which stamps them as "gouty" or "rheumatic." 5. Gout and rheumatism are very frequently present together. Rheumatism is very often met with without gout, but gout is seldom present without rheumatism. Sometimes the two exist side by side, and attack the same patient at different times; but more frequently they become mixed and produce a hybrid disease (rheumatic gout). In connection with hereditary descent various maladies are to be affiliated with gout and rheumatic gout, which differ somewhat from both—certain forms of iritis; hemorrhagic retinitis; universal crippling rheumatism (chronic rheumatoid arthritis); some forms of glaucoma, lumbago, sciatica and neuralgia; nodi digitorum, and possibly hemophilia.

Dr Garrod (London) differed from Mr. Hutchinson's conclusions. Two thousand years ago scarlet fever and measles were confounded one with another; and even forty years ago when he was a student all fevers were looked upon and classed as continued fevers. The great advance made during the last forty years was to differentiate disease; but Mr. Hutchinson tried to show that gout and rheumatism merged into each other. Of eighteen hundred cases in which eczema had been present all had had acute inflammation of the joints, and at least five sixths of the cases of eczema were in patients who had had a series of affections of the great-toe joints; and he had never seen eczema in rheumatism. With regard to the appearance of urate of soda in joints along with ulceration of the cartilages, he could not quite reconcile the fact that in the early stages of gout there was always urate of soda, and the erosion of cartilages occurred only after prolonged attacks. Mr. Hutchinson's cases were no doubt aged patients who had suffered from the disease for years. The presence of tophi was admitted as conclusive evidence of gout; but rheumatic arthritis existed certainly to a large extent in Scotland, Poland, and other countries. But tophi were very rarely seen in these countries; and Sir R. Christison had said that he had seldom or never seen gout in Scotland, though rheumatism was common. Gonorrheal rheumatism was surely allied to pyemia, being associated with a disease of the genito-urinary mucous membrane attended with profuse purulent discharge. Pyemia was not allied to gout or to rheumatism.

Dr. W. Roberts (Manchester) said that the best examples of gout that he had seen were in London people who had acquired the habit of drinking porter. He would like to hear from medical men practicing on the Continent, and especially those from the Rhine districts, where gout was rare, whether they found that in rheumatic-arthritic patients there was a frequent tendency to gout, either in themselves or their children.

Dr. Stokvis (Amsterdam) said that cases of true gout were exceedingly rare in Amsterdam; and he only remembered two cases of true gout in hospital practice, in laborers who had lived in very unhealthy conditions. Continental physicians depended, as regards the diagnosis of gout, wholly on the basis laid down by the investigations of Dr. Garrod. In the easy-living classes he never saw a case of joint-disease where the diagnosis of gout could be presumed, in which there was not a deposit of uric acid in the joints, or in which the uric acid in the urine was diminished, or was not to be found. Hence, so far as Holland was concerned, true gout was exceedingly rare.

Dr. Maclagan (London) said that gout, rheumatism, and rheumatoid arthritis were essentially distinct. In Scotland gout was almost unknown among hospital patients, but rheumatism and rheumatoid arthritis were common. Rheumatoid arthritis was most frequent among young women whose health had been impaired by uterine disturbance or prolonged lactation. In it there was no acid condition of the blood; the urine was generally pale, and of low specific gravity. The treatment which was applicable to gout and rheumatism did no good. Iron, tonics, and means calculated to restore the general health, afforded the best result. Rheumatism he regarded as of malarial origin. In its production cold had probably little or no direct influence. Rheumatism was most common in the early years of adult life, and was all but unknown in infancy and old age. It was a disease of temperate rather than of cold climates.

Dr. Grant (Canada) said that rheumatism, as observed in Canada, was a disease not of common character, and was greatly the result of a want of care in the proper use of flannel, combined with a too free use of alcohol. It was not by any means so common in Canada as was generally supposed. Gout was very rarely seen; and when a case arose it partook more of the type of rheumatic gout. Pericarditis and endocarditis were common associates, particularly in cases associated with debility, the result of excess in the use of alcohol. Salicylate of soda and salicylic acid were the chief agents at present adopted; and as a general rule the best safeguards against an attack of rheumatism were careful attention to warmth of clothing (use of flannel), and the regulation of diet, with the non-use of alcohol.

Dr. Quinlan (Dublin) said that in Dublin a great social revolution had of late years taken place with regard to the alcoholic beverage of the humbler classes. When he was a student the drink employed by them was whisky; and although a long time an *interne* of the hospital, he had never seen a case of gout, but plenty of rheumatism. For some years past porter had been the ordinary drink, the much more expensive whisky being seldom used.

Effect of Drugs on Lactation.—The practical conclusions of Dolan and Wood, in Practitioner, are: 1. Therapeutical agents intended to act on the mammary gland must first enter the blood. 2. Drugs derived from the natural orders Liliaceæ, Cruciferæ, Solanaceæ, Umbelliferæ, etc., enter the blood and impregnate the milk, hence caution is needed in giving such drugs to nursing women. 3. The only approach to a true galactagogue is jaborandi. 4. Belladonna is an antigalactagogue. 5. In inaction of the mammæ the milk may be increased and influenced by medicines. 6. The milk may be increased in heat-forming elements by administration of fats. 7. The salts of milk are improved by administration of medicines. 8. Various physiological actions—purgative, alterative, diuretic, etc.—are produced in the child by giving drugs to the mother. 9. We must look to diet for improvement in milk-secreting power, both as to the quantity and quality of the milk.

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

A NEW DEFINITION OF INSANITY.

A DEFINITION OF INSANITY.—This bugbear of expert medical witnesses has given rise to some of the most remarkable evolutions of the human understanding; one author, indeed, recommending as a settler for lawyers: "Insanity is a disease of the neurine batteries of the brain." The neurological editor of the Review suggests the following: "Insanity is a symptom or group of symptoms involving a marked deviation either in the intensity, extensity, or synthesis, or all of these, of the mental processes; and excluding those which are the immediate results of surgical injury or the circulation of poisonous agents in the blood, the phenomena of sleep, and the essential symptoms of epilepsy, catalepsy, hysteria, somnambulism, and trance."—*Chicago Med. Review, August* 5, 1881.

If our able contemporary will pardon us, we will venture to suggest that the above definition would seem to the ordinary mind an *unusual* if not a "remarkable evolution of the human understanding," while we give expression to a fear that at the same time it hardly covers the ground, and may possibly not take its place as classic in the neurological disquisitions of all time to come. The sentence, moreover, is somewhat involved, and presents "a marked deviation" from all standards of syntax and good taste. It may be that we do not understand it; but, contemplated through the medium of our "obtuse perceptions," it would seem that, firstly, the expression, "a marked deviation in the intensity of the mental processes," is without meaning. If the writer had said undue or abnormal intensity, we might be able to comprehend him; but deviations are from a standard and not in it, and to say that a mental process deviates from normal is not to say that it is intensified to a marked degree, though this latter idea was probably in the mind of the editor at the time of writing. Admitting that this is the meaning of the clause, the statement is not true; for who would think of calling a man insane because of a marked degree of intensity in any mental process? The poet, the painter, the mathematician, the inventor—in fact all who possess any mental faculty in a high degree of development—would have to stand as insane or be classed as exceptions to the rule.

Secondly, "a marked deviation in the *extensity* of the mental processes" is an expression of great obscurity. "*Extensity*," however, does not appear in the dictionary; but we are willing to say for it what Polonius said for "the mobled queen:" "That's good;" extensity "is good." But admitting the word to mean extension, what is a deviation in the *extension* of the mental processes? Does the writer mean to say that a man of broad mind, whose mental processes have such scope as to enable him to grasp things which the typical mind of his time is not able to comprehend, is insane? Or does he mean to except all whose mental horizon is so broad as to enable them to see and think beyond the age they live in?

Thirdly, "a deviation in the synthesis of mental processes." A deviation from what? No standard is given. If it be meant that any man who out of mental processes builds up some work of the mind, and in so doing

gives us disjointed shapes and incoherent thoughts, the expression might have some weight; but as it stands the man who builds a mental work that displays ideas and forms never before reached or expressed, no matter how symmetrical they may be, will have to find a place among the exceptions or come under the rule as insane.

Even the exceptions given are open to objection. We might perhaps allow the "essential symptoms of epilepsy, catalepsy, somnambulism, and trance" to stand as exceptions to this supposed rule; but hysterical mania, although possibly not an essential symptom, is as much an insanity as any other form of mental aberration. That this is true the experience of every careful observer will attest.

It is possible that this definition of the Review's may be regarded as less technical than that which calls insanity "a disease of the neurine batteries of the brain," whatever that may be; but if it is a whit easier to understand, we shall be driven to confess that our cerebral "neurine batteries" are badly out of adjustment.

A Seven-months' Session.—In two different editorials last summer the Med. Gazette intimated that the seven-months' session of the N. Y. College of Physicians and Surgeons had been a failure in all that would entitle it to the name of an advance upon the five-months' session. It was said that the students were no better qualified than those graduated after a five-months' session; and that much complaint was heard among them because of detention two months longer than was generally considered necessary. It was disheartening to hear that this, the least possible movement in reform, had met with disfavor. We are glad to note an official contradiction of these reports. In his introductory address, Prof. Jacobi has just declared that the experiment having been satisfactory to the faculty the same plan would be continued. This plan embraces fewer didactic lectures a day; allowing more time for clinics, laboratory work, and recitations. This would appear upon its face to work to the advantage of the student who according to the five-months system in vogue is crammed overmuch for due assimilation of his lessons. As the best confirmation of the wisdom of the change it is stated that the matriculation-list has never been so large as it is this year. This successful venture will doubtless encourage all the medical schools to lengthen their session. The large classes attending the spring school at Louisville are an indication that students can easily make it convenient to continue their attendance till May or June.

The Effect of Heavy Rainfall on the Prevalence of Cholera or Fever.—According to the report of the Sanitary Commissioner for Bengal (Med. Times and Gazette), the number of deaths from cholera in that region during the year 1880 amounted to 39,043, against 136,363 in 1879. This decrease is believed to be due to the heavy rainfall of 1880; but while cholera on the one hand decreased, fever, on the other, prevailed with increased severity; in one district alone footing up a death-rate of 25,035 for 1880, against 7,014 for 1879. This increase in fever has been attributed to the great amount of water which from obstructed drainage was suffered to stagnate upon the surface of the ground in the fever-stricken districts. From these statements it would seem that the germ of cholera may be easily drowned out, while the fever-germ but flourishes all the more luxuriantly under a copious water-supply.

Surely that must be an unhappy country whose inhabitants are so much at the mercy of the weather, and from year to year must run the gauntlet adown the uncertain way of a neither wet nor dry season with cholera menacing upon one side and epidemic fever upon the other, or pass directly into the clutches of one or the other of these dread destroyers. Truly here is a field for the operations of the missionary of sanitary science!

Original.

HYGIENIC SURROUNDINGS.

BY J. J. SPEED, M.D.*

Professor of Institutes of Medicine in Hospital Medical College.

Prevention is the central idea of all sanitary teaching; and to this end, whether in book or pamphlet, public address or private speech, we find one phrase standing prominently out and above all the rest as expressive of the health status: that phrase is "man's surroundings." It is a comprehensive phrase and includes every thing outside the man.

We are taught, and we believe, that in proportion to our control over these surroundings exactly in that proportion is our assurance of health. To heat and moisture and decomposition we look for the source of many of our most fatal maladies. Over sunlight and the rain man has little control, but over the material upon which they operate, and out of whose decay are generated morbific agencies, he has very great control. The reasoning is very simple: take care of your surroundings, secure perfect cleanliness, and thus preclude the formation of *materies morbi.*

This idea of cleanliness and management of one's surroundings, however clear to the professional mind, is not at once patent to the layman. It is not long since I was asked by a common-sensed man what I meant by surroundings, and how could his grounds engender disease. I aimed at his common sense when I said, Suppose you could lift your house and an acre of ground into the air, and, like the mythical coffin of Mahomet, suspend it between the heavens and the earth for a season, would you have intermittent fever, cholera, yellow fever, typhoid? Your children would n't even have measles or scarlatina. You could n't catch smallpox. Now, while it is impossible to secure such perfect cleanliness in ordinary life as is assumed for this granite plat in the heavens, it serves to illustrate the idea emphasized by all sanitarians. The more thoroughly your grounds are drained and your houses are cleansed, the greater is your immunity from disease.

It is claimed that many English and continental cities and districts, and certainly many American cities, have largely reduced their death-rate by a rigid enforcement of the suggestions of health-boards. Statistics gathered from various British and New England cities and towns afford abundant proof of the value of practical sanitation. The death-rate, which twenty years ago was from twenty-six to twenty-eight per thousand, has been reduced to twenty and eighteen per thousand. This is an important factor in our estimate of the wisdom of State policy. It must become one of the controlling elements in our selection of a given locality, all other things being equal. The man of average prudence would prefer a death-rate of eighteen rather than take the chances in a population where disease carried away twenty-eight in a thousand.

These are the results of the two prime ideas in domestic sanitation—drainage and cleanliness. The idea we invoke as a security against foreign diseases is quarantine.

It is hardly necessary in such a presence as this to urge the necessity for drainage, domestic cleanliness, and quarantine. The question has been pressed home to us with especial force in the recent visit of yellow fever. Without attempting to decide upon the *ultimate* cause of this terrific scourge in its original habitat, I think we are authorized to say that its outbreaks among us are confined to districts which are already poisoned by an impure air. Its devastations seem to be circumscribed—localized—outside of which localities there is no propagation. I do not contend that this vitiated atmosphere gives origin to the specific germ, but that it is the especial nidus in which the germ finds all the elements necessary to the development of those pathological processes in man whose totality we call yellow fever.

But domestic effort is not enough. Private purse and personal labor would be very inefficient where great marshes covering wide districts involve the health of many. Here the arm of the State must be invoked, and we have what is called State medicine. The State with its powerful arm, and its trained and salaried experts, must and to a great extent does hold itself bound to look to public health as a source of public wealth. This is a growing conviction upon the part of legislators; and while they are coming up by slow steps to the requirements of sanitary teaching, it is expected that the whole profession shall aid in deepening the impression upon representatives in the legislatures of the various States.

The subject of quarantine also comes within the province of State medicine; for while domestic diseases are formidable enough, a

* Read before the Louisville Medico-Chirurgical Society.

tremendous mortality comes from the occasional visitations of foreign trouble. Thus it not only becomes us to labor with all energy toward the best home surroundings, but aim also to arrest and hold at bay whatever may threaten us from abroad. The transportation of disease by steamship and by railroad in these days of constant and rapid commercial intercourse is felt to be a source of real danger, and sanitarians appeal to governments and governments answer the appeal by quarantine against every thing which can transport a germ.

There are conflicting opinions as to the communicability of this disease—whether it is contagious, whether it is infectious, whether it is communicable from man to man in any sense by any process at all. It is claimed by some of our best thinkers to be purely a climatic disease, and that wherever the necessary conditions of persistent heat and moisture are found there you will find yellow fever without resorting to the supposed necessity of an imported case. I can not subscribe to this doctrine; the facts as they are observed at all points north of the line where yellow fever is one of the annual diseases, to my mind, are against this theory.

Nor do I regard it as contagious. I do not believe that man communicates it to man in any direct sense, but I hold that the presence of a case in any given locality, in Kentucky or Indiana or Ohio or New York or Philadelphia, is necessary to its propagation. How? Thus: Heat and moisture long-continued in any given locality, in Hickman, in Cairo, in Bowling Green, at the Nashville depot, have generated a condition of things which is exactly the nidus in which a germ develops its vitality; and finding its way into human organization sets up the morbid processes we call yellow fever. This germ I do not believe to be indigenous; it is imported; it is to the already vitiated atmosphere what the match is to combustible material. In the absence of the match there would be no combustion; in the absence of the germ there would be no yellow fever. This germ may be brought by the man, by his clothing, by the goods from an infected district, and is borne upon the air. It may traverse wide expanse of country and prove innoxious till it strikes a district in which heat and moisture have already done the work necessary to form a breeding place for this specific poison. It is the yeast which may be dropped into dry meal without setting up any fermentation, but which dropped into meal with the requisite heat and moisture at once brings into action a force which could not be evolved from the minutest mixture with the dryer and cooler meal.

I say then that while yellow fever is not contagious in the sense of being communicable from man to man in all climates, its existence and spread in any northern climate is dependent upon a germ imported into, and specifically poisoning, an atmosphere already impure and fitted to the development of that germ.

Now the heat imparted to the air and the earth by the sun is not under our control, nor can we control the rainfall; but decaying vegetable and animal matter, *out of which* this heat and moisture evolve such deadly miasms, *is* under our control, and can be so managed as to render innoxious the air which surrounds our dwellings. Cleanliness and drainage seem to forbid—preclude—the existence of a deleterious atmospheric condition. This is accepted as a hygienic axiom. Perfect cleanliness forbids malaria, and whatever has been done by individual effort on a space of forty feet can be done by combined effort over a larger surface—over the surface of the largest cities—and it has been done. New Orleans, under military rule, was free from yellow fever because military rule kept her streets and her alleys clean.

Heat and moisture alone are not sufficient; there must be vegetable and animal matter going to decay under the influence of this heat and moisture. Thus there are three factors necessary to the production of a vitiated atmosphere. Having under our control, then, one of the factors we are held to a rigid responsibility. Sanitarians accept the responsibility and say, *be clean.*

This line of argument foreshadows my indorsement of a rigid quarantine at all points north of the line below which yellow fever is indigenous. This quarantine must touch other things beside the man; it must cover all things to which the morbific agency may attach. It is idle to exclude the man and yet admit his clothing and his merchandise. These things are as surely impregnated by the *materies morbi* as the individual who owns them, and if they are transported to any locality whose atmosphere is made up of the necessary elements you may look with absolute certainty for an outbreak of yellow fever.

The value of quarantine is too thoroughly established to be any longer held as a question open to discussion. It has the same value to threatened cities that isolation of the individual has to the family. You iso-

late the case of smallpox, his clothing and bedding. Keep out of the reach of morbific agencies and the disease does not spread; quarantine your infected ship, anchor it out, isolate it, and the city is safe.

Now what I have said about the prevention of yellow fever I believe about very many other diseases. The words drainage, cleanliness, isolation, and quarantine carry along with them the ideas which are prominent in the minds of sanitarians as preventive measures.

It is unnecessary for me to say that while I claim that by proper hygienic observances much physical evil may be prevented and human life prolonged, I do not hold that any possible sanitation can very long preserve the animal machine in running order. A lesson for those who are disposed to seek perpetuity for man may be found in the story by our wittiest doctor, Oliver Wendell Holmes, called the One-horse Shay. Oliver's Pastor was a philosopher as well as preacher, and he thought out for himself the proposition that there was no reason why a carriage should ever break down. His reasoning was short and very simple. Some part of the structure must be perfect; take *that* as a model and make all the rest like it. He so ordered, and the one-horse shay was built. It ran for years, and the people became so accustomed to its regular appearing that they began to set their watches by it; but in the long *after-a-while* the pastor failed to come to time. The people waited until impatient, and they then took up the line of march in search of the missing preacher, and at a turn in the road they found the faithful horse standing still as stone, and behind him, in quiet contemplation, sat the philosophic preacher in a heap of dust, the only remnant of a perfect shay. His philosophy was vindicated—no breakdown, only a gradual disintegration and a pile of dust. So, building after hygienic law gives to the human machine a longer lease, but at some turn in the road away ahead it quietly falls to dust; the congregation gathers about it, and in magnificent casket, with funeral oration and tolling bells, put it away in its last resting-place. Sanitation has done its best.

LOUISVILLE.

THE recent elections of members of the Chamber of Deputies in Paris resulted in the return of forty-nine members of the medical profession and three *pharmaciens.—British Med. Journal.*

Reviews.

The Practice of Medicine and Surgery applied to the Diseases and Accidents incident to Women. By W. H. BYFORD, A.M., M.D., Professor of Gynecology, Rush Medical College, etc. Third edition. Philadelphia: Lindsay & Blakiston. 1881.

It is a pleasure to note that this work, once so popular, but for a time fallen out of date, has been revised for a third edition. It is in many respects a new book—new in form, new in the subjects treated, and new in the views entertained by its author. He says in the preface, "Surrounded as I have been by such a throng of active workers, the results of whose labors I have tried to assimilate, my former ideas have been greatly modified and, I hope, also improved." A large experience has furnished him with a rich harvest, which he has here garnered.

Too much space has been given to Clay's treatment of cancer of the uterus with Chian turpentine. It was only a brief episode in the history of medical errors. A remedy that had so short a run might better have been ignored.

The work is very original in character, and can be depended on as a fair presentation of the science of the day by a practical surgeon of ample experience.

The Prescriber's Memoranda. New York: Wm. Wood & Co.

This little work, from which the compiler has modestly withheld his name, represents an attempt to give the physician a means by which he can readily find formulæ and points for the treatment and management of a given case, offhand. The diseases to be treated are arranged in alphabetical order (a poor substitute for an index), and the formulæ and points of practice follow appropriately under each of these headings. The formulæ are well chosen, and the suggestions as to treatment are good. Indeed they could hardly be otherwise, for they are taken from the works of standard authors and the leading medical journals of the day.

In collecting and arranging the materials for his book the author has displayed commendable research and skill, and has produced a work of undoubted merit; but the question as to whether books of this kind, which give formulæ cut and dried and suggestions for treatment in a given case tabulated and so, too easily found, may not be an

injury to the young physician by tempting him to become a lazy routinist rather than a patient and philosophical student of medicine, is an open one.

Championniere's Antiseptic Surgery: PRINCIPLES, MODES OF APPLICATION, AND RESULTS OF THE LISTER DRESSING. Translated from the latest French edition, with the special sanction of the author, and edited by FREDERICK HENRY GERRISH, A.M., M.D., Surgeon to the Maine General Hospital, Professor of Materia Medica and Therapeutics in Bowdoin College, etc. Cloth, 8vo, pp. 242. Price, $2.25. Portland, Me.: Loring, Short & Harmon. 1881.

The careful perusal of this book will make it plain not only that the Listerian theory is rational and its practice satisfactory, but also that its application is neither difficult nor seriously expensive. It contains all the information necessary to enable any medical man to apply the Lister method in all proper cases. No one who is called upon to treat wounds can afford to be without a knowledge of this most modern system. No doubt Listerism needs to be pruned of some unnecessary features, such as the spray, but it is destined to rule in surgery for many years to come.

Books and Pamphlets.

REPORT ON LARYNGEAL TUMORS. By E. Fletcher Ingals, A.M., M.D., etc. Reprint. Chicago: Johnson, Old & Co.

CONTRIBUTIONS TO THE STUDY OF THE TOXICOLOGY OF CARDIAC DEPRESSANTS. I: Carbolic Acid. A Summary of Fifty-six Cases of Poisoning, with a Study of its Physiological Action. By Edward T. Reichert, M.D. Reprint from the American Journal of the Medical Sciences.

CHEMICAL ANALYSIS OF THE URINE. By Edgar F. Smith, Ph.D., and John Mosshall, M.D. With illustrations. Philadelphia: Presley Blakiston. 1881. Price, $1.

In a few pages the authors have condensed about all the chemical relations of the urine that can be called practical. Admirable plates give the microscopic characters usually met with. It is a very convenient little manual for either student or doctor.

THE NORTHWESTERN LANCET. Vol. I, No 1. Jay Owens, M.D., editor and publisher. St. Paul, October 1, 1881.

Though somewhat rough in attire, as pioneers are expected to be, this journal gives promise of good work in a region hitherto unrepresented by the medical press, though ample in medical facilities. We wish it good luck and gladly place it upon our exchange-list.

Clinical Lectures.

APHONIA.

[From a Clinical Lecture by CARL SEILER, M.D., in the American Specialist.]

This young girl, a sewing-machine operator, comes to us with aphonia as the only throat-symptom. She complains of no symptom which might be produced by inflammation of the cords, and tells us that she lost her voice suddenly while at work a few days ago.

Aphonia, or complete loss of voice, may be produced by a variety of causes, any one of which may be present in this case. In the first place paralysis of the cords, or rather paralysis of some of the muscles moving the cords, will produce aphonia, and is perhaps the most common cause. Thus paralysis may be due to central irritation produced by lesions in the nerve-centers, when there are usually other portions of the body affected in the same way; or it may be due to pressure upon the recurrent laryngeal nerve or its source—the pneumogastric—by tumors, or aneurism of the aorta; or, finally, it may be peripheral in its origin, i.e. a peripheral nervous irritation exists somewhere in the system, usually in the uterus and its appendages, which by reflex action produces the paralysis of the cords. The paralysis is also frequently produced by structural changes in the muscles moving the cords by inflammation. Aphonia may also be due to mechanical obstruction, to the complete closure of the glottis by tumors or neoplasms growing on the cords or projecting into the glottis; the accidental introduction of foreign bodies into the larynx, which prevent the vocal cords from approximating each other, or swelling of the cords themselves, from serous infiltration into the submucous tissue. Cicatricial contraction and adhesions following syphilitic ulceration may occasionally produce aphonia; while the loss of voice in phthisical laryngitis is usually due to swelling of the tissue surrounding the arytenoid cartilages, which is so great as to prevent an approximation of the cords. In a few rare cases it is due to anchylosis of the crico-arytenoid articulation, which prevents a rotation of the arytenoid cartilage upon the cricoid, so that the vocal processes can not come together.

We will now examine this case and see under what head of aphonia it comes. The pillars, palate, tonsils, and the pharyngeal mucous membrane are in a healthy condition. The laryngeal mirror when introduced shows nothing abnormal except a want of motion in the left vocal cord, which during the attempts at vocalization remains closely applied to the lateral wall of the larynx, while the left arytenoid cartilage moves toward its fellow, but does not rotate the vocal process toward the median line. We therefore at once conclude that this is a case of paralysis of the left posterior crico-arytenoid muscle. There being no evidences of acute or chronic inflammation of the laryngeal mucous membrane, and having a history pointing to hysteria, we conclude the cause of the paralysis to be of nervous origin. Careful auscultation and percussion fail to elicit any evidence of a tumor pressing upon the recurrent laryngeal or pneumogastric nerve; and as there are no other symptoms present which might point toward a lesion in the nervous centers, we will turn our attention toward peripheral irritation. On questioning the patient we

find that there are signs of uterine disturbance sufficient to account for any amount of reflex nervous irritation elsewhere, and we shall therefore send her to the dispensary for uterine disease to be examined and treated. If when the uterine trouble has subsided the aphonia still persists, as is very likely, a weak faradic current of electricity should be daily applied to the muscle at fault by means of Mackenzie's laryngeal electrode.

Formulary.

FOR VARIOUS KINDS OF HEADACHE.

The following prescriptions are recommended by standard authorities in the treatment of various forms of headache as highly efficacious (Medical Gazette):

Uremic Headache, with Deficient Renal Action:

℞ Potass. citrat.....	℈j;	1.33 Gm.;
Infus. digitalis..... }	āā ℥ss;	15.00 fl.Gm.
Infus. buchu..... }		

M. Sig. This amount three times a day Or,

℞ Potass. citrat.....	℈j;	1.33 Gm.;
Spts. juniperi.....	℥j;	4.00 fl.Gm.;
Spts. æther nitros.....	♏ xx;	1.33 fl.Gm.;
Decoc. scoparii.....	℥j;	30.00 fl.Gm.

M. Sig. This amount three times a day.

If the bowels be sluggish, we may give instead of these the following:

℞ Potass. bitart.....	℥ss;	15.00 Gm.;
Syrup. limonalis.....	℥ss;	15.00 fl.Gm.;
Aquæ ferventis.....	Oij;	1,000.00 fl.Gm.

M. Sig. To be taken during the day and night where the urine is scanty and the bowels sluggish, with headache.

In anasarca and anemia, where the headache is due to renal congestion, and in some forms of syphilitic headache, when the cachectic condition is well marked:

℞ Hydrarg. bichlorid.....	gr. j;	0.06 Gm.;
Tr. ferri perchlorid... }	āā ℥ss;	15.00 fl.Gm.;
Glycerinæ ..... }		
Aquæ puræ, ad.....	℥xij;	370.00 fl.Gm.

M. Sig. A tablespoonful in an equal quantity of water three times a day.

Headache from Malarial Poisoning:

℞ Quiniæ bisulph.....	gr. x–xv;	0.66–1.00 Gm.;
Acid. sulph. dil.....	♏ x;	0.66 fl.Gm.;
Syrupi.....	℥ij;	8.00 fl.Gm.;
Aquæ, ad.....	℥jss;	45.00 fl.Gm.

M. Sig. To be taken two or three hours before the expected paroxysm, and afterward a third part three times a day may be given until cinchonism is produced.

Should the headache recur from time to time, give the following:

℞ Liquor Fowleri..... }	āā ℥j;	4.00 fl.Gm.;
Tinct. belladonnæ... }		
Aquæ puræ, ad.....	℥jss;	45.00 fl.Gm.

M. Sig. A teaspoonful in a wineglassful of water three times a day.

Medical Societies.

THE INTERNATIONAL CONGRESS.

CODEIA IN THE TREATMENT OF DIABETES.

[From the British Medical Journal.]

Dr. R. Shingleton Smith, of Clifton, Eng., read a paper on this subject before the London Congress, in which he said that opium had been empirically used in the treatment of diabetes from the time of Aetius. In recent times the action of the drug had been investigated by Pavy and others with the result of showing the practice to be the result of well-established experience; and observers had endeavored to ascertain to which of the alkaloids of opium the beneficial result was due. Codeia was first recommended by Pavy, on the ground that it could be given in large doses without producing drowsiness. Of late it had been much used, as recommended by Dr. Saundby, in the cough of phthisis where it gave great relief, and had an appreciable soporific effect. But it was in diabetes that codeia had been of greatest service. As regards the dose, small doses were recommended by some authors, but Dr. Brunton stated that it might be given in doses of a quarter to half a grain three times a day at first, the medicine being increased gradually until sugar disappeared from the urine, or increasing drowsiness demanded its discontinuance. Dr. Pavy had given a series of cases in Guy's Hospital Reports showing the beneficial effects of opium, morphia, and codeia in removing sugar from the urine; the advantage of codeia being that it did not produce the same narcotic effect as opium and morphia. Opium was given in doses up to nine grains, morphia up to three grains, and codeia up to ten grains three times a day. Dr. Cavafy had given fifteen grains thrice daily with good result. Dr. Smith considered that alkalies and all other treatment, even dieting, were inferior to codeia as remedies for diabetes; and that in this disease it might be considered almost a specific, and should be the first remedy tried, and should be given in fairly large doses until some physiological effect was produced. Codeia had been said to produce convulsions; but the literature of the of the subject did not support this, and he had never seen any such effect. He related three cases which all exhibited marked improvement while taking codeia, which improvement ceased when the codeia was withheld, and was renewed on its repetition. Morphia had a good effect in two of the cases but the improvement was much less marked than with codeia.

Dr. Silver said that Dr. Smith did not seem to point out that at Carlsbad the patient was strictly controlled by the physicians, who told the people with whom the patient happened to be what he was to have, and he could get nothing else. That made a very great difference in regard to the treatment. It had also been pointed out that a very large proportion of the patients who went to Carlsbad were fat Jews, who had one form of diabetes, and that ordinarily six weeks' treatment was sufficient to set them up for six months, they meantime enjoying themselves as they pleased. He agreed with Dr. Smith with regard to the use of codeia for diabetes; but he could not say with Dr. Pavy that codeia superseded the use of restricted diet. He had tried restricted diet alone, opium alone, and codeia alone, and he never got with any of them more than a temporary cure, except perhaps in the case of

one man suffering from very slight diabetes. He gave him codeia in moderate doses and left the diet alone; and in this case, so far as he knew, it had sufficed. The great difficulty was not, in the first instance, that the quantity of urine passed, and of the sugar produced, might be speedily reduced; but he had seen the urine brought down to a specific gravity as low as 1012, and yet there were traces of sugar which could not be got rid of either by restricted diet or by codeia. Opium was not a desirable drug to use as its use was constantly followed by headaches; and the bowels, which in diabetes always tended to be constipated, became more so; and the temperature did not rise to at least the normal limit; and the appetite also was not improved by the use of opium. The watery extract of opium was far to be preferred to the opium itself. In one case he had given fifteen grains of the extract every four hours, and there was no particular sleepiness produced, although the man rested quietly; and it excited a copious perspiration. In most cases he had found little or no trouble from the use of codeia; but on the other hand he had found sickness with as little as a grain in a day, and sometimes nausea and sometimes headache, so that it had again and again to be discontinued for a time. This was just one of those cases where every symptom of amendment was gained. Undoubtedly codeia was valuable in respect of the increase of temperature. Both codeia and opium, he believed, must remain in use until at least something better was discovered; but, remembering that the normal tendency of diabetics is to die of some form of lung-disease like phthisis, due care must be exercised to protect them from cold and chills, and, above all, from irregularities in diet.

Dr. Lush said he had known a patient entirely cured by restricted diet.

Dr. Saundby (Birmingham) had used codeia in six or eight cases with fairly satisfactory results in some, and with unsatisfactory results in others. But as diabetes required drinks he wished to recommend a lemonade which seemed to him very rational and simple. He mixed equal quantities of lactic acid and glycerin with tincture of orange, and he added this in the proportion of an ounce to a pint of water.

The President asked in what way codeia acted. He had had a certain number of cases in the last few years of somewhat elderly people who had had some kind of nerve-lesion, and diabetes was apparently the consequence of it; and in these cases codeia in limited doses seemed to have acted in a very remarkable way. He thought that perhaps the codeia acted in some special way on the medulla oblongata.

Dr. Smith, in reply, said he agreed with Dr. Silver that neither codeia nor opium was sufficient in very advanced cases. The simpler cases that were readily cured were the slight cases of glycosuria; but in the advanced cases of diabetes mellitus, properly so-called, neither opium nor codeia alone was sufficient without very careful dieting, although Dr. Pavy found—in apparently slight cases however—that dieting was not necessary. He also agreed with Dr. Silver in regard to the advantages of codeia over some preparations of opium, inasmuch as it did not give constipation. He had not found that codeia diminished perspiration at all, but that the skin was generally moist, and that was one beneficial result of it; and the appetite was not generally affected, nor had he found it to produce headache. He had once or twice seen indications of its disagreeing in that way in elderly cases of glycosuria rather than diabetes. He thought, however, that it was not of so much advantage in these cases as in really advanced cases of true diabetes mellitus in younger persons. In regard to the action of codeia the fact that it produced an effect upon diabetes rather bore out the idea that the medulla oblongata was the seat of the original mischief. It might be that it acted by diminishing the vasomotor paralysis of the affected part.

Miscellany.

LISTERISM.—In an article on the healing of wounds the Lancet makes favorable mention of the method of dressing large and complicated wounds carried out by Messrs. Savory and Gamgee. They urge that such wounds should be treated in a great degree like simple wounds; that the parts—not the edges alone—should be adjusted with the greatest care, and retained in that position, and perfect rest secured, while the fluid exuded into the unavoidable spaces should be drained off and received into some kind of dressing in which its decomposition is prevented. The special means used are pressure, drainage-tubes, and an absorbent antiseptic dressing. The writer then compares this with the antiseptic method, which in a measure is heedless of perfect coaptation of parts, ignoring separation of surfaces by the accumulation of inflammatory products, trusting that cleanliness and the exclusion of atmospheric germs will do all that art can to favor union. The article says in conclusion:

We consider Mr. Lister's work as far too great to be narrowed down to be a mere matter of spray and gauze. It is not a mode of dressing wounds that he has introduced, but a surgical revolution that he has accomplished. There is not a hospital in the whole civilized world that has not been affected by his teaching and labors, even if a spray or gauze, or even carbolic acid, have never been found in its wards. He has gone far toward abolishing suppuration, and has taught us all to consider it a preventable accident in the healing of an operation wound. And it is to him above all others that we owe it that septic diseases are now generally held to be avoidable and their occurrence a serious reproach. His work, in fact, has been far greater than the perfecting the form of dressing which bears his name, and he can fairly count among his disciples many whose outward ritual differs *in toto* from his own.

It is interesting to notice the development which the antiseptic method of dressing wounds is undergoing. Carbolic acid has evidently had its day; the cause of immense good, its use has been attended with such inconveniences, and in some cases peril, that it has been, or shortly will be, replaced by other and safer means. The spray, which by some has been considered one of the pillars of the system, has been abandoned by many of Mr. Lister's most ardent followers, and he himself has spoken of it

as likely to become unnecessary. The gauze, too, is being replaced in some hospitals by more absorbent, softer, and more elastic materials; so that Esmarch—an antiseptic surgeon whose brilliant statistics would be incredible from any less trustworthy source—dresses his cases much more after the fashion of Mr. Gamgee than that of Mr. Lister, and he has shown that the transition from one to the other is neither difficult nor illogical. We can not doubt that, amid all this development and change, surgery is advancing and truth is being preserved; and Mr. Lister is far too wise a man to think that finality has been attained in the so-called "Listerian" dressing. Side by side, however, with this development, another fact is prominent. Our hospitals, previously dirty, have become clean; surgeons, before too careless, are now scrupulous in their attention to cleanliness in all its details. And as Mr. Lister himself says it is "bits of dirt" that do the harm. Is it that his crusade has to a very large extent—would we could say entirely!—prevented these "bits of dirt" from being deposited on or in wounds, and that so previously necessary antiseptic precautions are now dispensed with in safety? Or did his earlier teachings err in considering the invisible floating particles in the air as more dangerous than they really are? Whatever may be the truth in the matter it seems plain that the great lesson of antiseptic surgery has been widely learned and bids fair soon to be universally mastered. We now want to assign it its proper place in the management of wounds, as one of the elements—not the sole—to be considered by the surgeon; and it will not be surprising should the next few years witness a great simplification of its details as a juster conception of its influence and worth is attained. The danger has been that the "system" should blind some of its followers to the fact that Nature works along certain lines, or according to certain principles, all of which must be understood by the successful surgeon; and surely when primary union of a wound is dispensed with in order that the "system" may be carried out, this danger has become real indeed!

On the Treatment and Prevention of Hay-fever.—Chas. Harrison Brackley, M.D. (London Lancet), in an article under the above title, arrives at the following conclusions with reference to the cause and management of hay-fever:

Hay-fever is undoubtedly caused by pollen in the atmosphere; therefore if the patient can get on to the open ocean and keep a good distance from land during the season when the disease prevails he will escape an attack, because the open sea is free from the infecting germ. Many patients, however, can not afford to spend one tenth of the year in this manner, and must undergo treatment at home.

Practical experience proves that a combination of drug-treatment with the use of mechanical means of prevention in the shape of nasal respirators and gauze-guarded spectacles, will rob hay-fever of fully nine tenths of its severity.

Catarrhal symptoms in the greater number of instances are the first and often the only signs of derangement. Asthmatic symptoms show themselves only after the disease has existed for some time, and in many cases they are not well marked at any period of it.

There is no difficulty whatever in using the gauze-guarded spectacles, and if the nasal respirators are accurately fitted so as to follow all the curves of the mucous membrane of the nares, a short training will enable the patient to retain them *in situ* for eight or ten hours a day with comparative comfort.

The respirator, which in Dr. Blackley's hands has proved of greatest service, is an American invention. Its greatest defect is that it is made wholesale to fit any and every nasal cavity, whereas it should be made to order and carefully adapted to each particular patient—no two nasal cavities being formed alike. To gain any benefit from this apparatus the patient must be equipped for some weeks before the hay season comes on, that he may get well accustomed to the use of the respirators before any irritation is set up by the presence of pollen in the atmosphere. After the disease has once fairly set in, any attempt at protection will prove useless.

The medicinal treatment of hay-fever may be divided into prophylactic, palliative, and curative. The first must be commenced some time before the hay season comes on. To allow the malady to get fully established before treatment is attempted is to lose more than one half the benefit that well-directed prophylactic treatment will confer, while at the same time it increases the difficulty of using palliative and curative treatment with good effect.

The writer, himself a victim of hay-fever, has, by judicious medication and an intelligent use of mechanical protectives, been able to pass through three seasons with almost complete immunity from the affection, and cites several cases in his practice where under similar precautions his patients have been able to demonstrate with him that hay-fever may be held at bay.

An Old Yarn Revamped.—Somebody has imposed the following upon the British Medical Journal as an incident of recent date:

An epidemic of typhoid fever broke out in a small village of South France. A locksmith fell ill and called in the local medical man, who prescribed for the case and went his way. Next day, making

his usual rounds, the physician called, and, meeting the wife at the door, asked how the patient was doing. "Ah, sir," replied the woman, "only think, while I went to fetch the medicine my husband ate two pickled herrings and a dish of bean salad." "Good heavens! Then he is—" "Quite well, doctor. He went to work this morning as usual." As the story runs, the doctor made a note of what he took to be a great therapeutic discovery, which read thus: "Typhoid fever: tried remedy, two pickled herrings and a bean salad," and two days later applied his discovery to a bricklayer sick with the same disease, who survived the treatment but twenty-four hours. Taking a logical view of this experimental method of treatment the doctor again entered in his note-book: "Typhoid fever. Remedy: pickled herrings and bean salad. Good for locksmiths, bad for bricklayers."

On our side of the Atlantic this story is deemed so venerable that American medical students are accustomed to respectfully uncover their heads when any one of their number presumes to tell it. There is a tradition among them that it was brought to this country some time during the year A.D. 1492 by Columbus, who found its MS. floating in mid-ocean inside an old bottle, upon which was stamped the letters B.C. It may be that the ship's surgeon committed the story to memory, and, replacing it in the bottle, set it to sea again, where, after drifting around for about four hundred years, it at last found a resting-place on the British coast. But how in these days of ocean cables and fast-steamship transportation it should not have been either talked or carried across from this to the other side of the Atlantic is one of the wonders of tale-bearing.

Statistics vs. Experiment.—Before the Commissioners on the Water-supply of London, in 1869, Sir Benjamin Brodie said that, judging of the comparative salubrity of waters, it was safer in the present condition of the science to rely on statistical facts than on chemical analysis. "Statistics elicit relations of cause and effect upon which you can not deliberately experiment."—*Medical Times and Gazette.*

[The above is a graceful and learned way of saying that "the proof of the pudding is in the eating;" but would it not be wiser to chemically test the waters for hurtful ingredients, which, if found, might warn the drinker against their use, than to apply the grand physiological test on which statistics are based, and thereby imperil the health, if not the lives, of many human beings?]

Women are admitted as members in the St. Petersburg medical societies.

Medical Progress.—In the words of the British Med. Jour., "What we want to further progress are no longer guesses in the dark; individual appreciations of long—because merely personally—estimated complex phenomena. We want physicists, chemists, physiologists, mathematicians, and zoologists who will study healthy and diseased function in man, as it may be studied by persons accustomed to exact methods, precise manipulations, and vigorous reasoning. The pioneers of modern medicine are the Pasteurs, Listers, Donderses, Helmholtzes, Ranviers, Charcots, Virchows. We would bid students take such men as Burdon Sanderson, Michael Foster, Wilks, Pavy, Brunton, and Ferrier for their exemplars—these and others of their generation—men who have not been content to stand upon the old ways, or to forego the modern aids which physical and chemical science so plentifully bring to us." The need for work of this kind is recognized by all, though the provision made for it in most of the centers for medical education are ludicrously inadequate.

Nothing is worse than a vacillating physician whom each notion, each wish of the patient, each suggestion of nurse or family affects. Blown hither and thither by every breath, incapable of taking a broad view of the case, his treatment soon becomes as irresolute as himself, and directions and bottles accumulate with bewildering rapidity. The fewer drugs that are used the better; the greater the decision with which drugs are used the better.—*Da Costa.*

The six healthiest cities in the United States, as measured by the recent authentic reports, were, in the order named: Utica, Dayton, New Haven, Portland, San Francisco, and Lawrence. The six unhealthiest were: Charleston, Memphis, Cleveland, Chicago, Hudson Co., N. J., and Lynn. The six unhealthiest in the world were: St. Petersburg, Charleston, Malaga, Alexandria, Warsaw, and Budha-Pesth.

False Conception.—Mr. Addison, in the House of Commons, three times attempted to make a speech upon an important question, and each time began as follows: "Mr. Speaker, I conceive," and then stopped. This occurred for the third time, when a witty member arose and said, "I regret exceedingly that my friend has conceived three times, and yet has brought forth nothing. It is a manifest case of false conception."

Selections.

Infected Milk.—Mr. Ernest Hart, the editor of the British Medical Journal, offered to the London Congress a tabular abstract made from a study of seventy-one recent epidemics due to infected milk. He states that the three diseases which have as yet been recognized as capable of being spread by milk are typhoid fever, scarlatina, and diphtheria. There is nothing in the analogy of epidemics to limit the list permanently to these; and already there are indications of other cognate diseases being spread by the same agency. The number of epidemics of typhoid fever recorded in the abstract as due to milk is fifty, of scarlatina fourteen, and of diphtheria seven. The total number of cases traced to the drinking of infected milk occurring during the epidemics may be reckoned in round numbers as thirty-five hundred of typhoid fever, eight hundred of scarlatina, and five hundred of diphtheria. As regards typhoid fever, the most common way in which the poison has been observed in these epidemics to reach the milk is by the soakage of the specific matter of typhoid excrements into the well-water used for washing the milk-cans and for other dairy purposes, and often, it is to be feared, for the dilution of the milk itself—for which, in official reports, "washing the milk-cans" has become a convenient euphemism, advisedly employed to avoid raising unpleasant questions. In twenty-two of the fifty epidemics of typhoid fever recorded this is distinctly stated by the reporters to be the case, and in other cases it was more or less probable. When a dairy is unwholesomely or carelessly kept there is obviously a great variety of ways in which the poison may reach the milk. (Numerous instances of this kind are given.)

Scarlatina being almost invariably spread by contagion and by the inhalation of the bran-like dust which is thrown off from the body during the disease we should expect in epidemics of milk-scarlatina to receive evidence of this dust having access to the milk; and in the majority of recorded epidemics it was found that persons employed about the dairy operations were in attendance at the same time on persons sick of scarlatina.

In none of the seven recognized outbreaks of diphtheria due to milk has it yet been possible to trace the exciting cause of the outbreak, though as to the disease being spread by milk there could be no doubt whatever. It has indeed been suggested whether a disease of the udder of the cow called "garget" may not so affect the secretion of milk as to give rise to diphtheria in the human subject. So far this notion is a mere conjecture unsupported by fact.

The great majority of the cases give statistical as well as experimental support to the conclusion that the responsibility of the epidemic lay with the milk.

It is upon the largest drinkers of the milk (those, namely, who, consuming the greatest quantities have a correspondingly greater chance of imbibing disease germs), that the incidence of the disease chiefly falls. Thus young children (ordinarily little liable to attacks of typhoid) who are accustomed to drink milk largely in the raw state, domestic servants who, after children, drink the most raw milk, and large milk drinkers of every rank and station, furnish by far the largest quota of cases in each epidemic. People, too, who drink exceptionally of the implicated milk are attacked, although the milk taken at their own houses is derived from other sources. The houses invaded during the epidemics are found to be commonly of the better class and in healthy situations. The poor, who take very little milk, and that only in tea or coffee, commonly escape the disease.

The striking fashion in which the disease "picks out" the streets supplied by the implicated dairy, and the houses in those streets receiving the milk is noteworthy. People in adjacent houses, and who drink milk supplied by different retailers, escape; and when supplies from two sources enter the same house, the disease attacks only those drinking that from the infected source. The contemporaneous invasion of so many households at once can only be explained on the hypothesis of a common cause acting on a particular set of persons and on no others.

Bromide of Potassium in Infantile Dentition.—M. Peyraud recommends this drug for relief to the painful and troublesome processes of infantile dentition, and employs the following prescription: Bromide of Potassium, 2-3 grams; honey, 15-20 grams; water, q. s. After the solution has taken place, heat and evaporate to a consistency of honey, adding alcohol to preserve the mixture. By rubbing this on inflamed gums the mucous membrane is attacked and denuded, the hyperemic circulation is diminished, the inflammation reduced, and the projecting points of the teeth will gradually pierce the gum, and the contemporaneous inflammation of the mouth will be subdued.

The internal use of this drug will likewise, in the author's experience, prevent or abate the convulsions incidental to teething infants. He also recommends the use of the bromide in dental caries, which it arrests, and acts as a substitute for the arsenical preparations commonly used by dentists. Into a little cyst of the eyelid M. Peyraud injected subcutaneously a strong solution of the bromide, which was followed by the complete disappearance of the cystic tumor.

M. Joffroy, basing his treatment on the ground that there is a hypersensibility of the mucous membrane of the larynx in the so-called spasm of the glottis after diphtheria, employed bromide of potassium in daily amounts of two grams to overcome this hyperesthesia. In two cases where asphyxia was threatened after tracheotomy had been performed, the spasm appeared controlled by the bromide, and death apparently was averted. He cautions against the use of this agent where there are complications of bronchitis or threatening paralysis of the glotto-pharyngeal and laryngeal muscles.—*Boston Med. and Surg. Journal.*

Rectal Alimentation.—In the discussion of a paper on this subject before the Section of Medicine, London Congress, by W. Jos. Tyson, M.D., F.R.C.S., Eng., Mr. De B. Hovell (London) said that twenty-two years since he recovered by nutrient enemata a person suffering from diphtheria who had taken nothing for fifteen days; and he knew of cases of diphtheria that had been lost from the want, in his opinion, of that useful remedy. Stricture of the esophagus was another disease in which it might be most beneficially used. He agreed that it should be adopted as a means of treatment in other diseases. It had often occurred to him that in typhoid fever injections into the rectum might be used beneficially if used with care on the hydrostatic principle, and not by the syringe. If the bowel were simply washed out it might not only be the means of nourishing the patient but also of improving the process of cure. In

regard to the intervals for administering the enemata he thought two or three hours much too frequent, at any rate for any length of time together. In many cases the bowel was too irritable to retain the nutrient injection, and great care should be taken that it was not given so frequently as to produce or increase irritation. Three or four times a day were, he thought, sufficient.

Dr. Parsey (Warwick) referred to the use of nutrient enemata in the treatment of the insane. His faith in them had been confirmed by a case of a patient who was under his care many years ago. The patient was a strong, powerful female, suffering from acute mania, of which the main feature was that she must die on a certain day, and that she was to do all in her power to aid the result. She refused all nourishment, and the difficulties of administering it by the stomach were so great that he determined to resort to nutrient enemata. The treatment was so successful that, although for nearly five weeks she took nothing but a little water by the mouth, he sustained her in a very tolerable state of health. After her recovery she told him that she had allowed the enemata to be given her under the impression that they were ordinary enemata, and would produce action of the bowels, and so aid her in her purpose of dying; but that she had always felt herself revived and stronger for two or three hours after them. That had led him, during a practice extending now over many years, to adopt this treatment in such cases of insanity as required it. Of course it was only in certain cases that the treatment could be adopted. He had found all these results from enemata of concentrated beef-tea and a little brandy, and of late years Liebig's extract of meat.

Treatment of Tremor by Galvanic Baths.—Until the present time therapeutics has remained almost impotent in cases of tremor, myelitis, and systematic degenerations of the cord. Electricity alone has given some success, but only in determined conditions. The ordinary faradic and continued currents have almost constantly failed, while the galvanic bath has given some remarkable successes. M. C. Paul describes the latter in order to distinguish it from the electric bath. The galvanic consists essentially in a bath through which an extra current passes. The patient placed in the bath is constantly traversed by ascending interrupted currents. The bath is graduated at will, and is given for half an hour and every two days. The results obtained by M. Paul have been the following: Mercurial tremors, constant success; alcoholic tremors, cure; sclerosis in disseminated patches, almost constant improvement; paralysis agitans, amelioration; chorea, one success, one failure; tremors in a case of incomplete paraplegia, cure; spinal irritation, almost invariable success; locomotor ataxia, failure. The author proposes to continue trying the remedy and promises further reports, while he, at the same time, asks others to try it, as the expense is nothing and the results thus far better than the usual ones.—*Lyon Méd.*

Bacteria.—Dr. J. C. Ewart, who has already done good work in the observation of the vital processes in bacteria, read before the British Association at York a very interesting paper on a recent epidemic of fever in Aberdeen. About three hundred persons in all were attacked with the disease, which was ushered in with a rigor, depression, and rapid pulse, followed by sharp pyrexia, and inflammation or even suppuration of the cervical lymphatic glands. In from twenty-four to forty-eight hours the symptoms subsided, but every second day a relapse occurred, even as many as six times over, a different set of glands and lymphatics being affected each time. It was found that all the patients had been supplied with milk from one dairy, the milk from which showed abundant micrococci, fungi spores, and spores like those of bacillus anthracis. The spores germinated into delicate bacilli and long spore-bearing filaments. Similar spores and bacilli were found in the pus taken from one of the abscesses. Inoculation of rats with either the milk or the pus caused convulsions and rapid death; and the tissues of the rats, especially in the neck, were infiltrated with bacilli, which on cultivation developed into spore-bearing filaments; these again were inoculable with the same train of results. The spores were traced into the water cistern, which they had reached from the tank in which the hay was steamed. But the bacillus could not be converted into the common hay bacillus nor that made to assume virulent properties. By cultivation the bacillus became gradually less active, and kept at a temperature which prevented the formation of the spores, the virulence ultimately disappeared.—*London Lancet.*

Retention of Placenta for Seven Months.—Ernest H. Jacob, M.A., M.D. (London Lancet), states that a woman came to the Leeds Public Dispensary at the end of June, 1881, saying that seven months before that time she had had a miscarriage at the fourth month of pregnancy, and though attended by a physician, there was some doubt as to whether she had parted with the afterbirth. A week after the miscarriage she had severe flooding, and on several occasions had passed "lumps of flesh." She was blanched, weak, and nervous, and walked with difficulty. An examination showed the uterus to be large, os soft, patulous, and somewhat eroded, not admitting a finger; and there was present a non-offensive sanious discharge. Thinking the case one of subinvolution, Dr. Jacob ordered twenty drops of fluid extract of ergot three times daily, and a mild astringent injection. After three doses violent pains came on, which resulted in the discharge of a perfect placenta about the size of a fist. The placenta was indurated but not offensive to the smell. It is remarkable that a placenta so long retained did not give rise to septic mischief. The patient made a rapid recovery.

Pyrogallic Acid in Chancroids.—In the New York Medical Journal we find a synopsis of a paper on this subject, contributed by Lermoyez and Hitier to the *Bulletin Generale de Therapeutique.* The pyrogallic acid was employed in the form of a vaseline ointment, of the strength of one to five. Starch is added to the mixture to stiffen it, and prevents its liquefying after it is applied to the body. The formula is as follows: Starch, 40 parts; vaseline, 120 parts; pyrogallic acid, 40 parts. Care should be taken to have the ointment fresh. On exposure to the air it soon became brown and lost its strength. It was found equally applicable to all forms of chancroid and in all situations. It was only slightly painful, though it had a mild caustic effect when first applied. This caustic action soon disappeared. The pain produced, it is claimed, was not greater than would be caused by the contact of any indifferent body with so sensitive a sore. Under its influence the chancres, even when phagedenic, healed with surprising rapidity.

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

THE "BACILLUS MALARIÆ."

Few discoveries in the etiology of disease have equaled in interest those reported by Klebs and Tommasi-Crudeli last year. It will be remembered that by inoculating rabbits with material obtained at the Campagna they produced in them paroxysmal fever supposed to be genuine malarial manifestations. Then by a series of masterly experiments they traced the specific malarial power to an organism which they confidently dubbed as "*Bacillus malariæ.*" These results were confirmed by some observers and disputed by others. Later we were informed that these rod-like bodies had been detected in the blood of man drawn during the cold stage of an intermittent. We have so often been startled with such announcements, which in the end proved fallacious, that these in turn were received with some reserve.

In a recent supplement of the National Board of Health there is an admirable report of investigations on the subject, conducted in a strictly scientific way, by Dr. Geo. M. Sternberg, U.S.A. He found upon the surface of swamp-mud and in the gutters of New Orleans a great variety of organisms, among which were some identical with the "*Bacillus malariæ.*" When these were injected beneath the skin of a rabbit they produced a febrile movement, which, however, did not correspond in the temperature curve to the periodical paludal fevers of man. He does not consider satisfactory the curves or other evidence on which Klebs and Tommasi-Crudeli pronounced the fever of their rabbits as malarial. To convince the reader he reproduces their charts and pictures side by side with his own microphotographs, and analyzes by sections the detailed statements of their original paper. While he is compelled to decide that their reputed discovery and their conclusions are not well founded, yet he concedes that there is nothing in his researches to indicate that the *Bacillus*, or some other minute organism, is not the agent causing malarial disease. Circumstances all appear to favor the germ hypothesis, but its truth or falsity must be finally settled by experiment upon man himself.

The most promising method of inquiry would be to isolate and cultivate the various marsh organisms coming under suspicion; study their life-history, and then investigate their physiological effects when taken into the stomach or respired in a dry state by healthy individuals. Dr. Sternberg has failed to discover in the blood of patients suffering from malarial fever any organisms whatever, and he would therefore look to the mouth and alimentary canal as the habitat of these germs.

DIPHTHERIA AND THE SCHOOLS.

The existence of an unusual number of cases of diphtheria in Louisville is a fitting occasion for reminding doctors, and through them the people at large, that sanitary science accepts the view that schools are foci of infection.

The prevalence of smallpox in some of our large cities has awakened the public to the importance of requiring vaccination as a

qualification for admission into the schools. The trustees might extend this principle of prevention by an ordinance enjoining upon every teacher the duty of promptly informing the principal whenever a pupil falls sick with a suspicious fever or sore throat. If inquiry should elicit the fact that the pupil has diphtheria or scarlatina, then not only the sick child, but other members of the same family should be debarred admission to the school for an interval considered long enough to remove the liability of infection. If this should work an injury to the teacher, whose salary is dependent upon the number taught, then provision should be made for an exception by counting the exiles as regular attendants. Otherwise the teacher will have a strong motive for concealing early information or for feigning ignorance.

A BREACH OF THE CODE.

Among the current literary items is one stating that a number of leading surgeons will present their views of the treatment of the late President's wounds in the December number of the North American Review. The names of these distinguished writers have not transpired, but their distinction is a warranty for the assertion that no one knows better than they that they are about to violate the spirit, if not the letter, of the Medical Code. Leading surgeons are not usually the last persons to draw attention to the ethical improprieties of less noted brethren, and we see no reason in their eminent position for our withholding judgment upon an act so unbecoming as that now contemplated. No principle of professional ethics is better founded than that which declares it unworthy for a doctor to air his technical learning before the public in a matter not connected with State medicine. For every scientific controversy the medical, not the secular, press is the proper arena. To seek a different public is to show another intent than that of advancing medical science—an intent which will doubtless receive general disapprobation.

Original.

EMPYEMA CURED BY DRAINAGE AND IRRIGATION.

BY W. W. SENTENY, M. D.*

On the 2d of April last I was called to see Sallie M., aged three years; family history good, neither struma nor other vice in the family of either parent. She was quite small for her age and much emaciated; had clubbed fingers, thick lips, and puffiness of the eyelids. She had a temperature of 102°, pulse 120, respiration 45; had a loose, persistent cough, slight pain in left side, with inability to lie upon right side. There was dullness of left side on percussion and complete absence of respiratory sounds on same side; had exalted respiratory sounds upon right side. Diagnosis, subacute pneumonia of left lung (?), together with some sequelæ of former pulmonary trouble. After a few days the febrile symptoms passed off, but the rapidity of the pulse and respiration was not reduced in any marked degree.

I now learned that she had had two years before this time, and when she was about one year old, an attack of what was diagnosed as pleuro-pneumonia, and that she had not been well since that time. About one year ago, and one year after the attack of pleurisy, she had a fever attended by a discoloration of the skin, which the doctor in attendance said was scarlet fever. This peculiar condition of the skin has, however, been more or less marked ever since. This was especially observed whenever she had a febrile paroxysm, which I learned after close inquiry was about every ten days.

Believing the case to be of grave import, and as it had been under the care of an eminent doctor, I advised a consultation, and Dr. J. W. Holland was called. At our first meeting I told him that I had not fully diagnosed the case, and suggested that we have the patient stripped and examine for the results of chronic pleurisy. The mother had asserted there was no deformity of the chest, and the former doctor had not suggested the existence of either pleuritic effusion or empyema.

On exposing the chest the results of long-continued accumulation of fluid were immediately observed. There was anterior bulging of the ribs on the left side, with pouting of the intercostal spaces; great bulging of the ribs posteriorly on the right side, and

*Read before the Louisville Medico-Chirurgical Society, September 16, 1881.

double lateral curvature of the spine. The apex heart-beat was immediately under the right nipple. There was entire absence of even bronchial breathing on the left side, and perfect dullness of course. The right lung, although greatly crowded by the heart and fluid contents of the left side, was performing its function as best it could, there being of course quite an amount of dyspnea; lungs believed to be free from tubercle. Diagnosis: fluid—probably pus, possibly serum—filling entire left cavity. Prognosis guarded. Believing that the trouble from the contained fluid had been in existence for the space of two years, it could not be known what amount of disorganization might be present; but gave the opinion that if the fluid could be gotten rid of, and the absence of serious lung lesion proved, she would get well.

We decided to send her to the country, where she would have better surroundings, and try to build up her general health before operating. She did not improve, and we proceeded to operate by introducing a small trocar at the usual site, and drew off about eight ounces of pus, slightly greenish, but having no special odor.

Two weeks afterward, the patient in the meantime having been brought to the city, Dr. Holland aspirated and removed twelve or fourteen ounces of pus of the same character as before.

Six days subsequently (the first operation was done the 31st of May) Dr. Holland operated again; and at this time, seeing that the ribs had sufficiently separated to admit of a larger trocar, a larger one was introduced. The cavity was freely emptied, discharging fully a quart of pus. After the cavity was emptied a piece of soft, well-dressed tubing having a closed end, and being fenestrated, was passed through the canula and made to reach the bottom of the cavity, passing backward and downward for about five inches, leaving a free end of about seven inches outside. This was well secured by adhesive strips to prevent further ingress or egress. The distal end of the tube was ligated to prevent exit of pus for the time, and also to prevent ingress of air. This ligature was untied every third day and the pus allowed to escape; after which the cavity was freely washed out by forcing in water medicated with Listerine, and allowing it to escape through the same tube. After a few dressings in this way the pus began to diminish in quantity. We then decided to make the dressings more frequently, emptying the pus twice a day, and using the medicated wash once a day. After this was done several times, the quantity of pus not diminishing very rapidly, a small quantity of carbolic acid was added with the Listerine. From this time on the quantity of pus rapidly lessened; and on the 28th of July, Dr. Holland having left the city, I removed the tube. The opening discharged for several days a few drops of pus occasionally, and then closed up perfectly.

At this date (September 12th) she is perfectly well. The heart is *in situ*, perfect respiratory murmur heard over the entire left lung, except at the extreme lower point anteriorly, which seems to be slightly contracted. There is a depression in the chest-wall at this point, the sternal end of several ribs being forced forward because of the backward curve of the body of the ribs producing a slight degree of "pigeon-breast." The physical conformation of the chest consequent on the long presence of the pus still remains of course. There is still some lateral curvature of spine, and also the bulging of ribs upon the right side posterio-lateral. Both lungs are believed to be free from tubercle or other abnormal deposit. Patient sleeps well, has no cough, is very sprightly and agile, has good appetite, and her weight is rapidly increasing. I am happy to be able to say that Dr. Holland, who has returned to the city, bears me out in the opinion that the case is cured.

There are several points of interest in this case. The first that I will notice is the fact that the presence of this trouble should for so long a time remain unsuspected, showing the necessity of making special and minute examination of every case of protracted ailment where the diagnosis is at all obscure. Second, how it was possible that such a quantity of pus could be retained in the pleural cavity for so long a time and not produce more serious consequences than were present in this case beyond the conditions that were brought about by the mechanical pressure of the pus. It is true that the discoloration of the skin and the periodical fever were in all probability due to blood-poisoning; but this condition had been in existence for months, and beyond the fact that her general health was being gradually undermined by it the case did not present a much more threatening aspect than had obtained during all this time, as I learned from the parents of the child.

The point of most practical importance is the fact of the rapid recovery of this

case under the circumstances. My opinion is that this was due mainly to the thorough and frequent emptying of the pleural cavity. Complete drainage with thorough washing did the work and brought the case to so happy a result. This case might not have its complete counterpart in the experience of any one else, and if not it will only be another illustration of the fact that each case has to be treated on its own merits.

And now, gentlemen, in conclusion I wish to say a few words in reference to a subject that just now and for some little time past has been occupying the public as well as the professional mind of the country. I do this not to instruct this intelligent Society, but the rather that there may be no confusion among us in reference to the definition of certain medical terms. These terms are pyemia and septicemia. If I have a correct understanding of this subject, we may have septicemia from the absorption of not only pus-putrid or blood-putrid, but gases even generated by decomposing pus or blood or broken-down tissues. Pyemia, on the other hand, is caused by the absorption of pus (it may be healthy) into the circulation, and the deposit of it or a portion of it at another point, wherever it may be arrested by emboli or other cause, thereby establishing another suppurating surface; and this not being a proper metastasis — metastasis technically meaning a perfect change of location. Hence we may have septicemia and pyemia present in one and the same case; but we may have septicemia without pyemia, and we also may have pyemia without having septicemia.

LOUISVILLE.

Correspondence.

A PERFECT SOLVENT FOR QUININE SULPHATE.

Editors Louisville Medical News:

I was called to see a patient some time ago ill of remittent fever who could not take pills or swallow quinine unless it were made in solution. I was put to thinking of some way to give it, and looking over my medicine-case the first article I noticed was a bottle of the sweet spirit of niter, and to one ounce of this I added twenty grains of sulphate of quinia, and found to my surprise that I had discovered a perfect solvent for quinine sulphate. I use the spirit of niter whenever I desire a solvent, since it makes a beautiful solution, and appears to counteract in some measure the nausea which is so often troublesome in fevers.

My reliance, however, to counteract nausea and headache in fevers is laid upon the potassium bromide. I generally leave about two drams, directing the nurse to put it in a glass of water and allow the patient to drink small quantities through the day, and especially after each dose of the quinine. I have found this to relieve patients to a considerable extent, if not altogether, of sick stomach, ringing in the ears, etc.

Giving Opium.—It is of frequent occurrence that opium and its alkaloids are rejected by the stomach, and the physician is put to his wits' end to find some substitute when hypodermic medication will not do. Owing to the tendency of opium *per orem* to nauseate, belladonna is prescribed; but this is not a perfect substitute, and my experience with Jamaica dogwood leads me to regard it as an unreliable and costly experiment. To overcome the nauseating effect of opium is to break down the principal barrier to the use of a great remedy. To this end I have recently used with unvarying good results the oxalate of cerium in combination. I generally combine one grain of opium with five to ten grains of oxalate of cerium, and have yet to see it rejected by the stomach. It will be useless to give less than five or ten grains of the oxalate.

Bromide of Potassium and Valerian.—Dr. Hammond, in the latest edition of his work on the nervous system, says potassium bromide is very variable in strength, and recommends sodium bromide as better. Unable to procure sodium bromide of my druggist, to be used in the treatment of a case of puerperal eclampsia, I discarded potassium bromide and put my reliance on the fluid ext. valerian. It acted like a charm, and I have since used it as a nervous sedative with the most satisfactory results, and prescribe it always with confidence. Potassium bromide has often disappointed me, but valerian never has, and I make it my sole reliance as a nervous sedative.

Toothache.—My neighbor, Dr. W. J. Bell, requested me to try the comp. tinct. benzoin in the treatment of toothache, saying that he had seen it recommended somewhere and that he had used it with good results. I gave it a trial and found it the best remedy I ever used. Patients like it because of its pleasant taste and odor.

ROB'T C. KENNER, A.B., M.D.

BATESVILLE, ARK.

Books and Pamphlets.

Library of Medical Classics.

Under the above title the publishers, Bermingham & Co., 1260 Broadway, New York, design to publish a series of standard medical works in a cheap form. The remarkable success which has attended the enterprise of a well-known literary "exchange" has been the incentive to the present undertaking. As long as the persons most interested in an international copyright fail to agree upon the questions of the rights of authors in foreign lands, they must expect publishers to "appropriate" all the saleable reading matter they can. The books of this series are reprints of foreign works, on good paper, with brevier type, in double column, 8vo pages, bound in paper. The manuscript costs nothing, and the form admits of great economy of paper; hence the surprising cheapness. Many impecunious students will be tempted to expend twenty-five cents for the classical treatises of such men as Playfair, Duncan, and Mackenzie. The books themselves are already well-known and call for no special criticism.

These works will be sent, postpaid, upon receipt of price by the publishers. We have received the three numbers given below.

A Practical Manual of the Treatment of Diseases of the Rectum. By Henry Smith, F.R.C.S., Surgeon to King's College Hospital, late President of the Medical Society of London. First American from the fourth English edition, with numerous additions and illustrations. No. 1, price 25 cents.

Clinical Lectures on the Diseases of Women. Delivered at St. Bartholomew's Hospital, London, by J. Matthews Duncan, M.D., LL.D., F.R.S.E., etc. No. 2, price 30 cents.

A Manual of Venereal Diseases, for Students and Practitioners. Being a Concise Description of those Affections and of their Treatment. By Berkeley Hill, Professor of Clinical Surgery in University College, London, and Arthur Cooper, late House-surgeon to the Lock Hospital. Second edition. No. 3, price 20 cents.

Transactions of the Medical Society of the State of Missouri. Twenty-fourth Annual Session, May, 1881.

A beautifully-printed collection of good papers.

Historical Sketch of the Medical Societies of Baltimore, Md., from 1730 to 1880. By G. L. Taneyhill, A.B., M.D. Read before the Medical and Chirurgical Faculty of the State of Maryland, October 13, 1880. Reprint.

Favorite Prescriptions of Distinguished Practitioners, with Notes on Treatment. By B. W. Palmer, A.M., M.D. 16mo, pp. 121. Flexible cloth, price $1. New York: Bermingham & Co. 1881.

This compilation may be of use to those practitioners whose memories are bad or whose habit of mind inclines them to follow strictly in the steps of a master.

Formulary.

FOR VARIOUS KINDS OF HEADACHE.

The following prescriptions are recommended by standard authorities in the treatment of various forms of headache as highly efficacious (Medical Gazette):

Plethoric Headache:

℞ Sodæ citro-tart. efferv... ℥ j–ij; 4.00–8.00 Gm. (B. P.)

Sig. Take while effervescing in a third of a tumblerful of cold water early in the morning.

In Neuralgic Headache and Cerebral Anemia:

℞ Liquor cinchonæ..... ♏ xx; 1.33 fl.Gm.;
Liquor Fowleri..... ♏ v; 0.33 fl.Gm.;
Aquæ puræ, ad..... ℥ j; 30.00 fl.Gm.

M. Sig. To be taken three times a day after food.

Bilious Headache, with Flatulence:

℞ Magnes. sulphat..... ℥ vj; 24.00 Gm.;
Magnes. carbonat..... ℥ j; 4.00 Gm.;
Tinct. lavend. co..... ℥ iij; 90.00 fl.Gm.;
Aquæ menth. pip., ad... ℥ viij; 250.00 fl.Gm.

M. Sig. A sixth part to be taken early in the morning and repeated as may be necessary.

Neuralgic Headache, with Constipation:

℞ Quiniæ disulph..... gr. xij; 0.72 Gm.;
Acid. sulph. dil..... ℥ ss; 2.00 Gm.;
Tinct. ferri perchlor... } āā ℥ ij; 8.00 Gm.;
Spt. chloroformi..... }
Magnes. sulph..... ℥ jss; 45.00 Gm.;
Syr. zingeberis..... ℥ j; 30.00 fl.Gm.;
Aquæ, ad..... ℥ xij; 370.00 fl.Gm.

M. Sig. Two tablespoonfuls three times a day.

Neuralgic and Nervous Headache marked by General Debility and Defective Nutrition:

℞ Syr. ferri et cal. lactophosphat. ℥ ij: 60.00 fl.Gm.

M. Sig. One or two teaspoonfuls in a wineglass of water twice a day after food. Fifteen or twenty grains of bromide of potassium or ammonium may sometimes be added to each dose with advantage.

Or for the same condition the following is serviceable:

℞ Calcis hypophos..... gr. lxxx; 5.33 Gm.;
Tinct. ferri perchlor... ℥ iij; 12.00 Gm.;
Quiniæ sulphat..... gr. xvj; 1.06 Gm.;
Strychniæ..... gr. ½; 0.03 Gm.;
Spt. chloroform..... ℥ ij; 8.00 fl.Gm.;
Syrupi..... ℥ jss; 45.00 fl.Gm.;
Aquæ puræ, ad..... ℥ viij; 250.00 fl.Gm.

M. Sig. A tablespoonful three times a day in a wineglassful of water.

Anemic Headache of Children:

℞ Liquor ferri dialysati..... ℥ j; 30.00 fl.Gm.

Sig. Ten to thirty minims in a wineglassful of water twice or three times a day.

Congestive Headache:

℞ Ammon. bromid..... ℥ j; 4.00 Gm.;
Spt. amm. aromat..... ℥ ss; 2.00 fl.Gm.;
Aquæ puræ, ad..... ℥ jss; 45.00 fl.Gm.

M. Sig. To be taken on rising in the morning.

Medical Societies.

THE INTERNATIONAL CONGRESS.

THE TREATMENT OF SPINAL CURVATURE.

[From the British Medical Journal.]

A discussion upon this subject was commenced and completed on August 4th. The following papers were read:

SPINAL DEFORMITY AND SAYRE'S METHOD. By A. M. Da Cunha Bellem, M.D. (Lisbon):

The author accepted almost to the full the principles on which Sayre advocated his especial method of treating spinal deformity. He thought, however, that neither the pelvis nor the shoulder afforded a fixed point for securing immobility of the spine. In hot countries the bandage must be changed at least once a month. One of its disadvantages was that it interfered with sea-bathing, and also with general cleanliness. The author did not approve of the "jury-mast"; it rendered the patients uncomfortable, even if they did not actually resist its application. Anesthesia, he thought, ought never to be attempted. Six months, he found, did not always suffice to restore a diseased spine to its natural condition.

THE TREATMENT OF SPINAL CURVATURE. By C. H. Golding-Bird, M.B., F.R.C.S. (London):

The author said that of the four deforming affections of the bones, including the spinal column, only three were found in children, viz. caries, rachitis, and "general curvature." The fourth, osteomalacia, did not concern this question. These diseases being familiar to all, attention was only drawn to their treatment as affecting the spinal column. This fundamental fact must first be admitted, that these affections were the same whether in the spine or other bones; therefore the essential principles of treatment were identical in both cases. Therapeutically, spinal diseases (in children) formed two classes: (*a*) inflammatory (caries, or "Pott's disease"); (*b*) non-inflammatory (rickets and general curvature). Caries, as in the tarsus, being inflammatory, required absolute rest, immobility, relief from pressure, and free drainage of pus when formed. Rachitis and "general curvature" (as in curved tibiæ and some flat feet) required temporary support to the weakened tissues, and improvement of muscular tone. All required suitable medicinal treatment. Sayre's method, as applied to spinal cases, fulfilled all these requirements; the "jacket" was but a part of the whole treatment. The jacket of plaster of Paris closely applied during extension, either vertical or horizontal, gave the necessary "physiological rest" to an inflamed spine; while to both this and to the non-inflamed, it gave relief from downward pressure, thus maintaining whatever of straightness was gained by the extension. The jacket effected this by being a solid investing carapace, that would not yield the necessary lateral space, required as a compensatory for a diminished height on ceasing the extension; and not by any pressure upward or downward or from side to side, like the old pieces of "spinal" mechanism, which only gave a very general sort of support. Since obviously the full limit of extension reached could not be maintained by the jacket, it was requisite in "general curvature" (rachitic children were usually too young) daily to practice Sayre's self-suspension from the head, so as to periodically open up the spine to its greatest extent, and exercise the weakened dorsal muscles. Early cases of "general curvature" were thus cured, even without the jacket; and children took very readily to the exercise. Thus by making the support to the spine an integral part of the patient, the patient could exercise out of doors as before, and that with ease and comfort; the reclining board was no more required. If the jacket were cut up, or were made of such material as felt, it was not nearly so efficient; it ceased also to maintain the chest in the position of full inspiration, calculated to give most play to the thoracic organs. In caries rest was the principal object, and for this the jacket sufficed; in general curvature and rachitis extension and support were paramount, hence daily exercise was as important as the jacket. In early and moderate cases of general curvature cure might be confidently expected; that more advanced cases derived little benefit was due to other causes than to the mechanical means being insufficient.

THE TREATMENT OF SPINAL CURVATURE. By Henry F. Baker, F.R.C.S.,Ed. (London):

The author divided the subject into the following parts: 1. The suitableness of this form of treatment under discussion in cases of angular curvature; 2. At what stage in the treatment of the curvature it should be used; 3. Its suitableness in cases of lateral curvature; 4. Whether the whole method of treatment should be carried out, or only a part. In the first place, with regard to angular curvature, the author considered that in the acute stage of the disease extension was attended with danger; and that in the more advanced cases, when ankylosis had taken place, it had no effect at all on the deformity, and that it should never be practiced in these cases. In reference to the use of the plaster jacket for the treatment of angular curvature, he considered that it did not give the required rest to the spine, and that it was liable to constrict injuriously the chests of growing children, and that a state of recumbency was absolutely necessary to prevent the deformity increasing in the first stage of the disease. In a very limited number of cases, when the disease had been arrested and other forms of support could not be obtained, it was undoubtedly of use. In cases of lateral and other curvatures of the spine which are not accompanied by diseased bone, Mr. Baker was of opinion that suspension in the way suggested by Dr. Sayre was a useful addition to other modes of treatment, but that in those cases in which some form of support was absolutely necessary, plaster jackets were very inferior to those made of steel, which could be adjusted at any time by the surgeon attending the patient.

ON SOME OF THE ABUSES OF THE JACKET-TREATMENT OF SPINAL DISEASE. By Walter Pye, F.R.C.S:

The author, while acknowledging fully the debt European surgery owes to Dr. Sayre for the able advocacy of his treatment, and granting that it is due to his exertions that in England it has come into such general use, considered that in many cases the jacket was hastily and needlessly applied, and that its employment was often actively harmful. He divided the cases in which the jacket-treatment is abused into two classes: firstly, those due to a wrong selection of cases, such as simple rickety spines; cases of simple lateral curvature, in which the disease is perpetuated by the use of rigid support; certain cases of true spinal caries, for in infants, during the early progress of the disease, the older plan of rest and horizontal

position succeeded better than did any attempt to immobilize the spinal column, and was free from the risk of preventing due development of the trunk; but the jacket might be used from the first in older children, with or without confinement to bed; cases in which the lungs or heart are affected, in addition to the affection of the spine; cases in which carious spine is associated with any high degree of paralysis, incontinence of urine, etc. Secondly, those in which the jacket is applied in a wrong method. Many jackets were far too thick and strong. The swing he considered to be, for children, useless, if not harmful; the object of extension being to allow the body to hang as straight as it might, while avoiding all risk of disturbing any adhesions between consolidating vertebræ, and to bring the chest-walls into a condition of extreme inspiration. It was held that these objects were best attained by holding the child by the arms with the feet on the floor, or by the use of an inclined plane. Another error in application arose from neglect of the inspiratory position of chest-walls, insufficient hold of the jacket on the pelvis, and inaccurate fitting to the spinal curve or angle.

Mr. Arthur Barker (London) expressed his acquiesence in the principles of the treatment of spinal caries formulated by Prof. Sayre, and he believed his method to be the best yet devised for the purpose, and that failure was due to want of care in carrying out the directions of the designer. He did not think that the corset was suited to very young children, neither did he believe that any improvement in the angular deformity ought to be hoped for by suspension. In conclusion, he observed that the corset was sometimes applied unnecessarily to a spine where consolidation was already complete.

Dr. Martin Oxley (Liverpool) had had a most satisfactory experience of Sayre's method, and applied it to every case of Pott's disease. He believed that when he first began to use the method he had overextended his patients, and had possibly done harm in this way; for which Dr. Sayre, who had demonstrated the curve before and after suspension, was to some extent responsible. In applying the jacket all the prominences ought to be covered with a ring pad; suspension ought not to be carried further than to take the weight off the diseased vertebræ, not to straighten the deformity; the total height of the body was increased, but this was due to the whole body above the disease being supported. He had not met any case that he could not treat by the jacket. The most important point in the treatment was the long-continued rest which a jacket, worn for half a year, afforded; and for this reason he strongly insisted that the jacket should be kept whole and not slit up; for if it were slit up it must, when reapplied, be bandaged very firmly to the trunk, and so the functions of respiration might be interfered with. Patients might be kept clean by changing the undershirt; this might be done by putting on two undershirts when the jacket was first put on; when the shirt was to be changed a clean singlet was tied on to the lower edge of the singlet next the skin; by drawing the soiled shirt off the clean one was drawn on.

M. Dally (Paris) had seen suspension practiced in Leipsig twenty years ago, but the most important point in the treatment—the plaster jacket—was Dr. Sayre's. He believed that the extension of the spine was very limited indeed; in fact, he considered it practically impossible. If the extension were sufficient to lift the feet from the ground, which was a mistake, the weight was supported by muscles of the vertebral column, and not by the spine. He was strongly in favor of Dr. Sayre's method.

Dr. Sayre (New York) said that he utterly condemned the use of an anesthetic during suspension. He used suspension in applying the jacket to Pott's disease because he could get at every part of the patient's body best in that manner; because it greatly improved the figure, not by opening up the boss itself, but by correcting compensatory curves and improving the general bearing; and also because, if employed in the cautious manner he practiced and taught, no harm could possibly come of it. It was not uncommon for children to cry at first, particularly if they had been under instrumental treatment previously; but so soon as they found their pain relieved and that they could run about in comfort, they ceased to cry. Dr. Sayre had frequently seen them fall asleep while the jacket was being applied; and they slept as a rule immediately afterward while lying on the air-bed for the plaster to harden or "set." The "plaster jacket" might be applied in Pott's disease at all ages except in children who are too young to walk; in these the horizontal posture in the "wire cuirass" on an air-bed was the best treatment, because in this cuirass they could be carried in the open air with safety. If the disease were in the cervical or dorsal vertebræ, then the addition of the "head-rest" or "jury-mast" to the jacket was necessary. The jacket should be changed or a new one applied as often as necessary to accommodate the increasing growth of the child. In adults they might be worn a year or more; in fact, Dr. Sayre had seen a number of such cases, where a single jacket had been worn until complete consolidation had taken place, cleanliness having been preserved by introducing a towel under the jacket and shirt next to the skin, and then drawing it rapidly up and down for the sake of friction, and absorption of perspiration. Dr. Oxley had suggested putting on two skin-fitting shirts before the plaster was applied; and then, when necessary, a new or clean shirt could be taken on to the inner one, and thus drawn up into place underneath the jacket whenever required. In Pott's disease the jacket should be worn entire, and never cut down to be worn as a corset until after recovery was complete, the average time for cure being from one to two years. The patients in many cases could carry on their ordinary business all the time, instead of being confined to bed, and never suffer any pain so long as the "jacket" gave proper support. Dr. Sayre showed a photograph of a man on whom he had placed a plaster jacket at the Royal Orthopedic Hospital three years since, assisted by Mr. Balkwill. The man had been sent to Mr. Brodhurst by Dr. Macnaughtan Jones, of Cork. The first picture represented him unable to stand erect, but bearing the weight of his head and shoulders by placing his hands just above the knees; and the angle in the mid-dorsal region was very prominent. Dr. Sayre and Mr. Balkwill suspended the man and applied the jacket, and the next day the patient returned to Ireland, where Dr. Sayre saw him, six weeks afterward, doing duty at the railway station as porter. The next photograph shown was of the man, taken at that time in Cork, showing a most marked improvement, as he was perfectly erect and the prominence much less conspicuous. He wore the jacket applied by Mr. Balkwill and Dr. Sayre for nearly four months, when Dr. Macnaughtan Jones applied a new one, which he wore nearly a year, when he was cured. Dr. Sayre showed the photograph of him as taken at that time, which had been sent to him by Dr.

Jones. The man remained in perfect health, and his figure was remarkably good. Dr. Sayre then exhibited a great number of photographs of cases of Pott's disease before and after successful treatment. He then spoke of "lateral curvature," and said that two such different diseases ought not to have been discussed together. Because a portion of the treatment in each deformity was applicable, with certain modifications, in the treatment of both classes of cases, they ought not to be confounded together. One of the speakers had said that lateral curvature, if much advanced, could not be cured. But by the application of self-suspension, as recommended by Dr. Benjamin Lee, of Philadelphia, the use of the plaster jacket to retain the benefit derived from the suspension, together with general tonics, appropriate gymnastics, shampooing, electricity, etc., many cases of advanced lateral curvature had been cured. Dr. Sayre exhibited a number of photographs to confirm the accuracy of his statement. One of them exhibited a number of bruised spots, the result of pressure from a brace, and was a very bad deformity. The same case, self-suspended, showed a most marked improvement; and the next photograph, of the same patient, taken sixteen months afterward, was as near a perfect form as was generally seen. This improvement had been attained by self-suspension and the plaster jacket. The jacket was applied while the patient was self-suspended, care having been taken to have the shirt accurately fitted and the mammæ properly protected; and then the patient continued the self-suspension twice a day or oftener, a few minutes at a time, until the body had so straightened out of the "jacket" that it no longer gave support over the projecting curve. Therefore as soon as the hand could be placed between the patient and the jacket over the projecting hump, a V-shaped piece of plaster should be cut out over this part down to the shirt, and the plaster peeled off from the shirt. Then the patient should again suspend himself, and a new roller of plaster-bandage should be applied over the opening completely around the old jacket, thus closing in the space and retaining the improvement gained. This could be repeated as often as required. When the case had improved as far as it would, then the jacket should be cut in the center in front, and lacers applied, the jacket being used as a corset. In moderate cases the jacket was not necessary.

Mr. Holmes (London) summed up the debate. He said that the main conclusions arrived at seemed to be as follows: 1. Nobody seriously contested the priority of Dr. Sayre as the introducer of the method; such traces as there were of similar treatment in the hands of other surgeons were nothing more than the resemblances always found in the ideas of our predecessors to those of our own day. 2. The discussion had dealt almost exclusively with angular curvature, to which it would perhaps have been wiser to have altogether limited it. 3. The debate had not enabled us strictly to define the class of cases for which the treatment was most indicated; but most speakers who recommended it seemed to be agreed that the earlier it was employed the better; but we were still unable to say whether, and how far, symptoms of decided spinal irritation or inflammation should be taken as contra-indicating it. 4. Only a small minority of the speakers rejected the method; the majority agreed that in at any rate a large majority of cases the method offered very great advantages. 5. No form of extension (by suspension or otherwise) was a necessary part of the treatment; the jacket could be applied when the patient was suspended, or erect, or horizontal. 6. There appeared to be no evidence that any actual straightening of the spine had ever been produced. 7. Though Dr. Sayre and most other speakers appeared to prefer the plaster, there seemed no valid reason why other plastic material would not do as well. 8. The possibility of changing the inside shirt without removing the jacket was an important practical point brought out by the discussion. 9. That there were drawbacks, such as ulcers, abscesses, etc., seemed not only possible, but inevitable. The extent and nature of these drawbacks should be stated, but they formed no radical objection to the treatment. 10. It seemed probable that the average length of time required for cure would be found much less than in the treatment by rest in bed. 11. Finally, the general opinion seemed to be that this was a real and great advance in practical surgery.

Miscellany.

Opening and Drainage of Cavities in the Lungs.—It is only a little more than a decade since Prof. Mosler, of Greifswald, in Germany, conceived the brilliant idea of combating cavities in the interior of the lungs by surgical means. Although experience has since demonstrated that this procedure is of no avail in consumptive cavities for which it was first employed, yet the operation did this much good, that it called the attention of the profession to the surgical treatment of cavities in the lungs, and indirectly established the fact that such cavities might be opened and drained with comparative impunity.

Drs. Fenger and Hollister, of Chicago, in a paper on this subject in the October number of the American Journal of the Medical Sciences, state that thus far only six cases o this form of interference with cavities have been reported, and only one, their own case, was successful in so far that it terminated in complete recovery. The clinical histories of these several cases are communicated in this paper, the original case being one of suppuration around a large echinococcus cyst in the lung of twelve years' standing. An incision was made in the third intercostal space anteriorly, through which the large cyst was subsequently removed. A counter-opening being made between the fifth and sixth ribs, a drainage-tube was introduced and daily injections of carbolic acid practiced. The authors conclude that "the operation is justifiable in any case where the presence of a gangrenous or ichorous cavity having been ascertained, it is found that, notwithstanding an outlet through the bronchi for a portion of the contents of the cavity, it steadily fills

up again, the partial evacuation does not relieve the patient, who gradually loses his strength and progresses toward a condition of collapse, a steady or intermittent rise in temperature continues; the infection of the healthy portions of the lung from the decomposed contents of the cavity has commenced, or is evidently about to take place; the breath and expectoration continue fetid; absence of appetite; increasing weakness, with or even without fever, etc. These indications will enable any medical man of some clinical experience to determine in the majority of such cases when the disease has reached a point from which spontaneous recovery is impossible." At the same time it is observed that any cavity covered by the scapula or situated within the supra-clavicular and infra-clavicular regions may at present be regarded as inaccessible. The immediate indications and details of the operation are fully discussed in this paper as well as the methods of after-management of an interesting class of cases otherwise not amenable to treatment.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE. JULY 1, 1881, TO SEPTEMBER 30, 1881:

Bailhache, P. H., Surgeon. Detailed as member of Board to examine keepers and crews of Life Saving Stations. September 8, 1881. To inspect the Service at stations in Maine, New Hampshire, and Massachusetts. September 9, 1881.

Wyman, Walter, Surgeon. When relieved of special duty as medical officer, Revenue Bark "Chase," to rejoin his station, via Washington, D. C. August 18, 1881.

Long, W. H., Surgeon. Detailed as chairman of Board of Examiners. September 12, 1881. Granted leave of absence for twenty-four days. September 24, 1881.

Purviance, George, Surgeon. Detailed as member Board of Examiners. September 12, 1881.

Sawtelle, H. W., Surgeon. Detailed as recorder Board of Examiners. September 12, 1881.

Godfrey, John, Passed Assistant Surgeon. To proceed to Pascagoula, Miss., as inspector. July 27, 1881.

Goldsborough, C. B., Passed Assistant Surgeon. To proceed to Havre de Grace, Md., as inspector. July 27, 1881. Granted leave of absence for thirty days. September 1, 1881.

Cooke, H. P., Assistant Surgeon. Granted leave of absence for thirty days. August 12, 1881.

Carter, H. R., Assistant Surgeon. Granted leave of absence for eight days. September 24, 1881.

AMERICAN PUBLIC HEALTH ASSOCIATION. The Ninth Annual Session of this Association will be held at Savannah, Ga., November 29th to December 2d, inclusive. Azel Ames, jr., secretary.

THE Sixteenth Semi-annual Meeting of the McDowell Medical Society was held at Madisonville, Ky., on Tuesday and Wednesday, November 1st and 2d. The following reports were on the programme:

Action of Salicylic Acid—Dr. C. H. Todd, Owensboro.

Typhoid Fever—Dr. J. L. Dulin, Beverly.

Local Sanitation—Dr. P. Thompson, Henderson.

Post-partum and Accidental Hemorrhage—Dr. J. W. Pritchett, Madisonville.

Treatment of Wounds—Dr. J. F. Kembley, Owensboro.

Rupture of Uterus in Progress of Labor—Dr. S. S. Watkins, Owensboro.

Bright's Disease—Dr. L. G. Alexander, Hopkinsville.

THE USE OF HOT WATER IN THE LOCAL TREATMENT OF DISEASES OF THE EYE.—In a communication to the Amer. Journal of the Med. Sciences Dr. Leartus Connor speaks very highly of the frequent local application of hot water to the eye in cases of acute conjunctivitis and blepharitis, and also in chronic hyperemia, granular inflammations, iritis, and corneal affections, in which he has used it with great success. The water must be as hot as the patient can comfortably bear with his hand. The patient leans over the basin and throws the water against the eye for a few minutes three or twelve times a day, according to the case.

MATERNAL IMPRESSIONS.—The following occurred in the practice of a Maryland physician, according to the Dublin Med. Journal: "A lady during pregnancy carried with her a pocket-edition of Moore's poetical works, which she read almost constantly. Her child, at three years of age, exhibited a most wonderful gift of putting sentences into rhyme; in fact, naturally expressed his little ideas and thoughts in flowing measure!" Blame not the bard—but a case like this shows how important is a well-assorted library to a gravid uterus.—*British Medical Journal.*

EPISTAXIS CURED BY A BLISTER.—Dr. Verneuil relates the case of a man whose epistaxis occurred every third day. Sulphate of quinia was given without avail; ergot was administered with no better result; so was digitalis. The patient had been a habitual drinker. The liver was thought perhaps to be "cirrhosed," although no enlargement or tenderness was found in this region. A large fly-blister was applied over the liver, since which time the epistaxis has not returned.—*Canada Med. Record.*

MATÉ.—Mr. E. Geldart, of Little Braxted Rectory, Witham, in a letter to the Daily News, writes as follows concerning maté: "For some two or three years I have been a 'maté-drinker,' and considering the easy communication and frequent intercourse between England and the Argentine Republic, it has been a source of wonder to me that the drink of Paraguay has not long ago been popularized in this country. In the Paris Exhibition of 1878 'yerba,' as it is called, was sold; but, judging from an extremely musty and stale specimen which I saw in a friend's hands, was perhaps not calculated to inspire confidence. The tea (or herb, rather) will keep in perfectly good condition for a long time if preserved in the cow-skin bag in which it is sold; in fact I have some by me now three years old. The chief difficulty is to make the tea. Although this is done by 'simply pouring boiling water,' yet this requires to be done very deftly or else the pipe through which the drink is sucked becomes clogged with dust and twigs, and the cup which does 'not inebriate' fails also to 'cheer.' The process of making, to be successful, is thus performed: Having procured your 'maté,' which is the small gourd from which the tea is drunk, put into it two or three spoonfuls of the 'yerba' or tea, then closing the top of the maté with the hand, turn it upside down and shake it well. The object of this proceeding is to bring the dust to the top and the twigs to the bottom (when the cup is returned to its normal position). Having shaken it thus, turn the gourd slowly round till the 'yerba' has fallen back just enough to enable you to remove your hand from the orifice without spilling the contents. Then take the 'bombilla,' a silver tube with a pierced bulb at the end, and slip the same carefully under the 'yerba' and turn the 'maté' upright, being very careful not to shake the contents. Then 'pour the boiling water,' adding sugar if desired, and the drink is ready when it has stood, say one minute. Each 'charge' will bear watering perhaps three times, after which it should be cleaned out. I fear that some Europeans will be inclined to object to the process of drinking, which is as follows: The servant, either black or white, always has first suck (in order to clear the tube of dust), the 'maté' is then handed to the party one by one, and all draw in the liquid through the same pipe. But use accustoms one to any thing, and I have drunk contentedly from the steaming cup in very mixed and somewhat questionable company ere now, upon the prairie, and should be quite ready to repeat the dose.' The drink has one great advantage—it is cheap. If my memory fails me not, it is about one shilling a pound. The maté and bombilla cost, say ten shillings. I believe, moreover, that it has great 'staying powers.' The Gauchos, in South America, say that if you want to ride 'long and strong' take a piece of bread and a 'maté.' A Chileno I once met on board ship said that he went through the famine of the Commune in Paris on 'maté'."—*Brit. Med. Journal.*

QUARANTINING PHILADELPHIA.—It having been reported that cholera was prevailing in Philadelphia, Malaga (Spain) established a quarantine against all vessels from that port, and the Norwegian government incontinently followed the Spanish example. These declarations have elicited from the health-officer of Philadelphia an official statement that during the current year (1881) not a single case of cholera has occurred in that city or port. If there had been an international system of sanitary reports this egregious mistake might have been prevented.

PERITONITIS AS A COMPLICATION OF DIPHTHERIA.—Two cases of peritonitis apparently due to diphtheria are reported by Dr. Wm. C. Dabney in the Amer. Jour. of the Med. Sciences; one of the patients, a young lady, during an attack of diphtheria, vomited and passed also by the bowels a false membrane. She died upon the third day with peritonitis.

THE XIXe Siecle relates of Dr. Nélaton that he was accustomed to say, "If you have the misfortune to cut a carotid when performing an operation, remember it takes two minutes for syncope to supervene and as many more before death occurs. Now four minutes are four times the time required for a ligature, provided you do n't hurry yourself—never hurry yourself."

NITRITE OF AMYL IN CHORDEE.—Nitrite of amyl will be found a very effectual remedy in chordee and painful priapism. We have recently prescribed it for those conditions with very satisfactory results. Three to five drops by inhalation is the proper dose.—*St. Louis Clinical Record.*

DR. E. M. HARTWELL says that the first recorded post-mortem examination made in America was done August 8, 1670.

Selections.

The Obstetrical and Gynecological Employment of Chloral Hydrate.—From Boston Medical Journal, July 7th):

At a meeting of the Boston Gynecological Society Dr. Brown read a paper upon this subject, and observed that the property which renders this remedy so useful in obstetrical practice is the power which it possesses in so pre-eminent a degree of controlling all irregular, excessive, and abnormal muscular contraction. The power the hydrate is said to possess of preventing coagulation of the blood should also render it a prophylactic of great value in relation to cardiac thrombosis and pulmonary embolism. He summed up his statements as follows: 1. Chloral hydrate may be safely and efficiently used in labor to relieve the pains of normal and abnormal uterine contraction. 2. It suspends all undue reflex action and resulting pain of a tendency to retard labor. 3. Labor under its influence is of much shorter duration. 4. Its use in relieving pain is most striking and satisfactory when this is caused by abnormal and spasmodic muscular contraction.

Dr. Weeks, while admitting the efficacy of chloral, thought its danger was somewhat underrated, and referred to the deaths tabulated by Dr. Kane in the New York Medical Record, in corroboration of his views. In obstetric practice we are always more or less exposed to the danger of collapse and hemorrhage, and under such circumstances the patient would be poorly prepared for it if she had been previously for any time and to any extent under the influence of this powerful depressant.

Dr. W. S. Brown observed in relation to the excitant influence sometimes consequent on its continuous employment, that he thought it should be seldom so employed; and that in resorting to this drug we must use caution, as we should do with opium. There is here also the danger of forming a habit. He agreed with the writer of the paper that the hydrate is the best antispasmodic that we possess; and the presence of the excessive muscular action in parturition gives additional security in its use. If its therapeutical activity is dependent upon its conversion into chloroform in the blood, we can understand the uncertainty of its operation, for chloroform is the most treacherous drug known to the profession.

Dr. Field expressed a strong feeling of surprise and disappointment at the general distrust or disapproval expressed in regard to a remedy which he had come, years since, to regard as indispensable and beneficent. He had not used it in parturition because he was perfectly satisfied with chloroform. This powerful remedy, dangerous or uncertain elsewhere, is safe here; for the researches first of Simpson and then of Campbell have failed to discover any case of death or injury to either mother or child from its use in private or hospital practice. Dr. Fielding believes that the hydrate is particularly safe with the young, and he has repeatedly prescribed five grains to a child under two years of age as a sleeping draught, with orders to repeat it once at the end of an hour if not efficacious; and in cases demanding such resource, and with proper selection of cases, he feels perfectly safe in following this course. The hydrate in toxic doses is believed to act primarily on the heart, and subordinately on the respiratory center; and the heart at least ought to be especially strong in the young subject. But there must be no grave interference on the part of disease with the respiratory center when chloral is given. He does not believe in the theory that the influence of chloral is dependent upon the extrication of chloroform, for a safe medicinal dose would not produce a quantity able to exert any influence; while the action of chloral is not anesthetic, but soporific, and is not promptly set up and speedily over, as with chloroform, but rather slow in inception and of many hours' continuance. He always insisted that a sufficient dose of chloral should be given to produce positive physiological effects—fifteen, twenty, or thirty grains being given to an adult. To trust to five or ten is mere trifling, and the remedy had better be let alone. He had always felt great security in its use, and was not often disappointed in its effects; but had always carefully attended to the *contra-indications:* First, chloral should either be avoided or given in greatly diminished doses, and with close watchfulness in conditions indicating marked hyperalkalinity of the blood, whether this be produced by a course of alkaline medicine or be the result of disease; secondly, in decided asthenia of the heart; and thirdly (probably), in emphatic central congestion or inflammation. It is of the utmost importance the chloral hydrate should be quite pure. Much mischief is done by administering the salt in too concentrated a state, and it must always be freely diluted—say one grain to a dram. It is of necessity a bulky medicine, and there is no escape from the inconvenience. In some reports of deaths it is quite evident that herein lay the secret of the mishap, although the reporters were apparently unconscious of the fact. Concentrated chloral hydrate is a dangerous remedy, even within the limits of the therapeutical dose, and may kill, as a massive dose of oxalic acid sometimes does, almost instantly, as by shock and paralysis of the heart.

Dr. Norris stated that in his large obstetrical practice he had never used chloroform, but of late years had largely resorted to chloral and found the progress of labor greatly expedited. He gives fifteen grains, and often repeats this every fifteen minutes till sixty grains have been taken in all. He generally adds the bromide to the mixture in the ratio of one part to two of the chloral.

Dr. Clarke remarked that his experience with the hydrate at the time of and after delivery has been very satisfactory, and unattended with any accident. It gives great relief in after-pains. The dose is from ten to fifteen grains. Of late he has often substituted croton chloral, which can be given in smaller dose and with less water, and occasions less burnings of the mouth and throat.

[Croton chloral hydrate is but slightly soluble in water, but it may be readily dissolved in the compound spirit of ether, and thus combined we have found it to exhibit anodyne and hypnotic properties of a decided character.—Ed. News.]

Case of Hysterical Contracture at Middlesex Hospital.—Reported by Dr. Finlay (Medical Times and Gazette):

Margaret D., aged twelve, was admitted to Seymour ward on July 14, 1880. She was the child of healthy parents, and had five brothers and sisters, all healthy. Her own previous history was devoid of importance, except that in the month of November, 1879, she had suffered from a mild attack of rheumatism. Shortly after this date she fell against a cart striking the left side of her abdomen. This was followed by pain and swelling of the same side and ob-

stinate constipation. In spite of treatment the constipation and swelling increased, the urine was thick and scanty, and she frequently went two or three days without passing any at all. There was no history of fits, and she had never menstruated. She had been told that she had a "cancerous tumor" in her abdomen.

On admission she is described as a well-nourished, bright-looking girl with ruddy complexion, complaining of constipation, swelling of the abdomen with pain and tenderness, and inability to move the left leg. She describes the pain to be like "needles running through her side," and refers it chiefly to the left iliac region, where tenderness upon pressure appears to be very excessive. The belly is prominent, measuring twenty-eight inches in girth at the level of the umbilicus; it moves tolerably freely with respiration. It is slightly more prominent on the left than on the right side; there is no ascitic wave nor enlargement of cutaneous veins, and the resonance over it is every where tympanitic. The left leg and foot are rigidly extended and adducted, the toes being flexed; and any attempt to move the leg or foot is apparently productive of great pain, both in the leg and in the abdomen. There is no wasting, both legs being equal in size; cutaneous sensibility is unimpaired, and faradic contractility somewhat diminished; percussion over the spine causes no pain. In the chest percussion and breath-sounds are every where normal; but there is a faint systolic murmur heard over the precordia, most marked at the heart's apex. The urine has a specific gravity of 1.010, is neutral and free from albumen. The temperature is 99.8°; pulse 98; respirations 26.

Shortly after admission she had two enemata, after which her bowels were freely opened; slightly after the first, and more copiously after the second. The motions were formed and dark in color. Evening, temperature 98.6°; pulse 84.

Next day (15th) she said she was unable to pass water, and had been shivering in the night; seventeen ounces of clear urine were drawn off by the catheter. The condition of affairs was pretty obvious, but as no very complete examination of the abdomen could be made, owing to the apparent tenderness when it was touched even lightly, the patient was put under the influence of chloroform, when the swelling of the abdomen at once subsided, the girth being now found to be twenty-four inches and a half. The rigidity of the leg also disappeared, and it could be freely moved about in all directions. As she came out of the anesthetic condition the abdomen visibly swelled up, and the leg returned to its rigid state. In the evening it was observed that when she was asleep both leg and abdomen were perfectly normal in appearance. She was ordered a cold shower-bath every morning, and to have the leg and abdomen faradized daily.

This treatment was continued with the addition of an occasional enema and aperient pill, till the 27th, when she was again anesthetized, the left leg bandaged on a McIntyre splint, with the knee flexed and the foot placed in the natural position, and kept so. The splint was then slung. She slept well the following night and experienced no discomfort from the altered position of the leg. Next day the splint was removed, and the leg at once returned to its former state.

On August 2d it was noted that she could bend her left knee a little, but could not evert the foot. The abdomen remained as before, but she could keep herself more upright in moving about the ward than she had done at the time of admission.

On August 5th the improvement was still more marked, and on the 16th the notes stated that the abdomen was much less tender although still distended, and she could flex the knee-joint more. On the day following the girth of the abdomen was twenty-seven inches, her bowels in the meantime having been well opened.

On the 21st she could bend her knee almost to a right angle, and on September 2d she was able to go into the garden.

On September 28th the child could walk perfectly upright, and with but slight turning-in of the left foot; and on October 8th she was discharged able to walk perfectly well—the abdomen being soft and free from tenderness, and the turning-in of the left foot barely noticeable.

During all the time of her stay in the hospital she had house-medicine or other aperient or enemata about every other day.

Remarks. The foregoing case is a well-marked instance of hysterical contracture, the appearances of which are figured by Prof. Charcot in his Lectures on Diseases of the Nervous System (New Sydenham Society's Translation, p. 294). Among the more noteworthy points in the present case may be remarked the absence of anesthesia or analgesia, and of convulsive attacks either previously or subsequently to the appearance of the contracture, and the gradual progress toward recovery. The last point is perhaps the most interesting; for recovery, when it does take place in such cases, seems usually to occur suddenly under the influence of some strong mental emotion.

Psychoses from Lead Poisoning.—Dr. Jas. G. Kiernan (Journal of Nervous Diseases), from thirty cases of poisoning due to lead poisoning, concludes, first, that lead poisoning produces certain psychical manifestations; second, that these manifestations may be of an acute or chronic type; third, that in any case the psychoses always preserves an element of depression; fourth, that the acute forms usually resemble melancholia with frenzy; fifth, that the chronic forms vary from a condition resembling monomania, but with a strong element of dementia to progressive paresis; sixth, that the prognosis in the acute types is favorable; seventh, that anti-saturnine remedies are of great value in treatment; eighth, that the prognosis of the chronic types is, as might be expected, bad; ninth, that heredity, as in all other psychoses, is an important element in the production of these.

Psychoses from Quinine.—Dr. Jas. G. Kiernan (Journal Nervous Diseases) reports two cases of the above out of an experience covering two thousand cases. From them he concludes, first, that in hereditarily predisposed individuals quinine may give rise to psychoses; second, that these psychoses may present themselves in two groups, one of which is a form of acute mania with aural hallucinations, probably not entirely independent of the physiological effects of the quinine, and the other that of extreme dementia; third, that quinine can exert this etiological influence but rarely; fourth, that a favorable prognosis, like the prognosis in regard to the individual attacks of all acute cases of insanity occurring in hereditarily predisposed individuals, can be given.

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

GUITEAU'S CASE.

The plea of insanity is the leading one of Guiteau's counsel; and under ordinary circumstances, with a fair hearing of the evidence looking that way, especially if some of the alienists who write for our medical exchanges were put on the stand, it might turn out a successful one.

There is a widespread feeling of dissatisfaction at the facility with which criminals go unwhipped of justice if a paid medical jurist is allowed to affect, by the voice of scientific authority, the plain judgment of the jury. This feeling is so sweeping in its implications as to deserve the name of a prejudice, although we must confess it is not without some foundation.

It is a matter of common observation that an ingenious examiner of medical experts can, by skillfully stating his hypothetical cases, wring from the most unwilling witness opinions on insanity which will palliate if not excuse every murder not committed for money. Persons intending homicide, looking back on the precedents that have accumulated so fast, have reason to believe that, as Jack Reynolds the murderer declared, "hanging is played out." Only they must not say it aloud, or the ill-timed expression of the general sentiment may rise with fatal effect on the day of trial, as it did on him, to show how sane a man he was.

In truth it has long been our private opinion that the doctor knows very little more than other people about the exact point where the line of responsibility should be drawn. He often arrogates to himself very superior knowledge — holding the shifting speculations of psychology as valid as fact itself, or pretending that science is absolute in domains where in fact she has a very uncertain foothold. The jury, if of average intelligence and instructed adequately by counsel, will usually estimate this learned lumber at its true weight when it affects a case calling in question the validity of a will. Said a Lord High Chancellor on one occasion, "His experience taught him there were very few cases of insanity in which any good came from the examination of medical men. Their evidence sometimes adorned a case and gave rise to very agreeable and interesting scientific discussions, but after all it had little or no weight with the jury." We verily believe that juries naturally are inclined to give undue weight to the over-fine distinctions and theories of science, but every-day experience teaches them that these psychical subtleties are as variable as the individualities of men.

When a human life is trembling in the balance the jury, inclined by nature and adjured by the court to lean to mercy's side, can always find a pretext for saving the prisoner's life without justifying a murder, if medical experts can be brought to state that he is probably insane. This tendency has apparently wrought a reaction in the position of the courts, which in criminal cases involving this question are disposed to be more severe than in civil suits. To defend successfully a criminal act upon this ground, insanity must be established beyond doubt.

Assuming that the court will maintain its usual impartial and conservative attitude, it is not unlikely that in the instructions great stress will be laid on the following points stated by the Hon. Henry L. Clinton in the Buckhout case, New York, as expressing the legal view both in England and in this country:

If one be partially insane, it does not follow that he is exempt from responsibility for criminal acts.

If one partially insane commits an offense, the offense—the act with which he is charged—being not the direct offspring of the insanity, he is responsible to the law. If the prisoner's delusion relate to some other subject—is not connected with the act for which he is on trial—it does not shield him from responsibility. In such case partial insanity will furnish no excuse for crime.

In case of partial insanity or delusion, one is not exempt from responsibility for his acts, unless the facts which he imagines or believes to exist (but which are entirely fictitious) would, if true, justify him in the commission of the deed for which he is on trial.

If one knows right from wrong with reference to the act for which he is on trial, he is responsible for his conduct.

It would appear then from this quotation that the much-criticised writer in the New York Nation was right in the law of his opinion, and that though experts may decide that Guiteau is of unsound mind, if it can be established that he at the time appreciated the gravity of his offense and had sense enough to know and to fear the legal penalty for murder, that a penalty of sequestration for life or hanging will be inflicted as an example to other wretches of like inclination and equal ability to foresee the consequences of crime. The common sense more than the resentment of the people proclaims that it is high time some such stand should be taken by the courts if we would stem successfully the present tide of crime against life that has certainly not been hindered by the refinements of science and the sentimentality of juries.

The situation is one beset with difficulties. We do not envy the judge who presides, the the medical jurist who testifies, or the jury that pronounces judgment in a case of such enormous significance. The proposition to refer the matter to three eminent alienists is not to our fancy. We recognize the value of special study in this as in other fields, but at bottom there is the question of responsibility which we think may be dissociated from that of mental unsoundness. We do not pretend to say how insane a man must be before he loses his responsibility, but we are clear in the opinion that some degree of unsoundness may exist and still the lunatic be amenable to the influences which society has organized for its protection.

Perhaps the crisis may call forth some analytic genius who shall harmonize the conflict between the medical view of insanity and the legal one of responsibility. We have not seen as yet any attempt to express a definite formula to solve the problem which did not, like a marsh meteor, lead us into the bottomless quagmire of "free will" and "moral responsibility." It is more than likely that the position of the law on criminal responsibility will receive some modification, but that it will be completely reconciled to the medical view as expressed by leading alienists is far from probable.

STATE MEDICINE IN KENTUCKY.

In the last annual report of the State Board of Health an attempt is made more successfully than in either previous report to disseminate among the people useful hygienic information. Until scientific knowledge is the common possession of its citizens the responsibility of collecting and distributing such knowledge will be vested in health boards, whose members are chosen for supposed fitness.

This report opens with the original statute of establishment and the statute as amended. These acts are liberal and minute in their provisions, and under them a small army of officers of county boards of health are enlisted. The law-officers of the Commonwealth are by the statute required to carry out its principles. Nuisances can be suppressed, and, if local opinion calls for it, vac-

cination can be made compulsory in any county or town.

All this shows that the legislature has not been blind to the large interests of public hygiene; and yet, owing to the apathy or ignorance of the people, and to the amount of work required of local health officers, for whose labor no definite remuneration is offered, the present law fails in its working.

A philosopher has made note of the fact that if a law depended upon the people for its execution, and that law was not called for by the direct vote of the people, it would be a dead letter. And so it is with us in State medicine. The people are profoundly ignorant of the control science has acquired over causes of diseases, and of the progress made in preventing death and suffering by sanitary measures.

Dr. Speed, in his admirable report, makes prominent mention of the failure of the law to provide for more than five hundred copies of the report. The report is a collection of papers the widespread perusal of which must redound to the well-being of the citizens. These papers and statistics have been prepared with great pains by the gentlemen appointed to do the work, and yet, owing to inadequate provisions, they will be read by not more than one doctor in ten and by less than one non-medical person in the thousand. We have nothing but praise for the work of the board, and look upon this report with no small degree of State pride; but much remains to be done by the legislature and the people before the officers can do one tenth the task set for them.

Dr. Speed points to the example of some sister States as worthy of emulation. These publish their health-reports by the thousand and send them to every doctor in the State, every school district and county clerk, and have a reserve for distribution among others applying for them.

It requires no great calculation for any one knowing the power of printers' ink to come to the conclusion that the educating functions of the board would be enormously facilitated if Dr. Long's paper on the sanitary problems of Louisville was read by town councilmen generally, if Dr. Dunlap's paper upon epidemics and contagious diseases was put into the hands of parents and teachers, if Dr. Thompson's paper on Public Health was carefully conned by members of the State government, if Dr. McCormack's clear and practical exposition of the benefits of soil-drainage was scattered broadcast over this malarious region. For many years the salutary effects of the State Board are to come largely through its educational work. It is a grievous oversight that this should be hindered by inadequate appropriations of money.

Original.

DIARRHEA IN INFANTS.

A LECTURE.

BY WM. T. PLANT, M. D.

Professor of Diseases of Children, Syracuse University, New York.

Gentlemen: At our last interview* we were engaged with the subject of infantile diarrhea. I described to you with some detail the features of two forms, simple and inflammatory. Today we will continue and complete the subject.

In some cases the inflammation is pretty much confined to the lowermost division of the large intestine. When so situated it causes some symptoms that are not found with the other forms; hence a special name, dysentery—pain in the intestines.

The prominent symptoms of dysentery are pain in the lower bowels, straining at stool, the passing of mucus with blood, and more or less fever. The pain is apt to be acute, cutting. The tenesmus is very troublesome. There is a constant desire to empty the bowel, but the desire is never satisfied. In some cases there is so much straining that a portion of intestine protrudes through and outside the anus—a prolapse of the rectum. In this dysenteric form of bowel-trouble the stools consist of glairy mucus with blood and a little fecal matter. The constitutional symptoms are well marked. There is sharp fever; the temperature is raised; the cheeks are flushed; the thirst is great, and the face shows suffering.

* For lecture here referred to see MEDICAL NEWS, Vol. XII, No. 11, page 126.

In early infancy dysentery is rare. In childhood it is rather frequent. Now and then it occurs as an epidemic. It is not so often the result of dietetic imprudence as the other forms of diarrhea. Perhaps its most frequent cause is sudden chilling of the surface. Boys often get it by throwing themselves on the damp ground when heated by exercise, or by going with wet and cold feet. It is much less frequent in girls. Other occasional causes are worms and fecal accumulations in the rectum.

There is one other form of intestinal flux occasionally met with during the hot months, called from the violence of its symptoms cholera infantum. Its causes are impure air, hot weather, and improper feeding. It is much more frequent in infants under two years than in older children. The chief symptoms are frequent liquid evacuations, vomiting, thirst, increased temperature, rapid waste, and great debility. The discharges at first may contain some fecal matter, but they soon become liquid and very copious. Often they are so watery as to be wholly absorbed by the napkins, leaving hardly a stain. They have a peculiar musty odor that has a great attraction for flies. Vomiting appears early if not at the beginning, and usually persists to the end. The thirst is urgent and the infant is constantly reaching after and crying for water, which if given in any considerable quantity is returned almost as soon as taken. I have seen cases in which a moderate drink of any liquid seemed to excite so rapid a peristalsis that it was passed swiftly through the intestine with loud gurgling and forcibly ejected from the rectum. The urine is apt to be suppressed because the fluid escapes from the body through another channel. The temperature is extraordinarily high in this disease—from 103° upward; sometimes before death the mercury mounts to 106° or even 108°. In no other disease are there such sudden and striking changes in the aspect of an infant. The fluids are abstracted from the tissues so rapidly that a few hours may suffice to render an infant almost unrecognizable by its friends. There can be little doubt that the cause of cholera infantum is a most violent gastro-intestinal inflammation.

This is a very fatal malady. Not that all die, but many, the most, do. It may strike suddenly in the midst of health and march without pause to a fatal ending. It may also occur as a sequel of one of the other forms of diarrhea. Infants previously healthy and strong frequently succumb to it in one or two days. The name ought only to be applied to cases of this violent sort, for only these bear a resemblance to true cholera. It should not be used in connection with ordinary cases of summer diarrhea. In this city you will frequently hear a trivial and salutary looseness of the bowels spoken of as cholera infantum. I hope you will guard yourselves against such a misuse of terms.

TREATMENT.

In all forms of diarrhea the diet and the drink should receive attention. We are prone to forget the dependence of the egesta upon the ingesta. I doubt if the fact is sufficiently recognized that in very many cases of diarrhea the trouble is primarily at the stomach. The food, disproportioned in quality or quantity to the ability of that viscus, is but partially elaborated. It undergoes fermentation instead of proper digestion. As a consequence an acrid chyme passes into the intestine, irritating its mucous membrane and increasing peristaltic action. Yet there is no dietetic rule that can be applied to all cases. Fresh milk from the cow agrees with most infants after weaning. I have also used condensed milk (Borden's) in the proportion of one part to ten or fifteen of water, and have been satisfied with it. If hard curds are vomited there is probably an over-acid condition of the stomach. This may be corrected by the addition of lime-water, a quarter or a third of the bulk; or bicarbonate of soda, one to three grams (fifteen to forty-five grains) to the pint of milk. If the stools are flecked with numerous bits of undigested casein I take that to be an evidence that the stomach has lagged in its work, and I treat the milk with saccharated pepsin, about one gram (fifteen grains) to the half pint. For a most obstinate case under my care the last summer, I added both soda and pepsin to the milk with the apparent effect of stopping the vomiting and lessening the diarrhea. There are some cases, however, in which milk, modify it as you may, offends the stomach and increases diarrhea. In such you will do well to feed the child for a time with animal broths—veal, lamb, or beef—or with one of the artificial foods, as Mellin's, Horlick's, Ridge's, or Nestle's. Do not allow too much of any of these at one time. I think it important that you should remember not to make the liquid food serve entirely as drink.

In no disease is the desire or the need of water so urgent as in a profuse diarrhea, and it is harmful as well as cruel to withhold it

as is so often done. You may give cold water in all forms of diarrhea. If the stomach is very irritable you may be able to give but a few drops at once, but these may be often repeated.

Bear in mind that a simple diarrhea in the child as in the adult is often a result of overfeeding, and is to be regarded as nature's way of ridding the system of matters that could only do harm by remaining. In such cases a restricted diet or abstinence from food for a day may effect a cure without medicine.

Sometimes you will find it of advantage to give an efficient laxative at the outset to carry away any peccant matter which the bowel may contain. For this purpose I know of nothing better than castor oil. Its tendency to cause griping pain may be obviated by giving with it or after it a little paregoric or laudanum—from twenty to forty drops of the former, from one half to one drop of the latter. A combination of equal parts of rhubarb and carbonate of magnesia answers the same purpose. If there appears to be a deficiency of the biliary secretion, if the skin is sallow and the tongue coated, you will do well to give one to two grains (0.06 to 0.12 gram) of hydrargyrum cum creta, and repeat it after some hours.

I think I have before alluded to the fact that superacidity characterizes most cases of infantile diarrhea. For this reason alkalies hold a prominent place in their treatment. Something like the following laxative and corrective has been long in use:

℞ Pulv. rhei.....
Sodæ bicarb..... } āā gr. xv; 1.00 Gm.;
Syrupi simp..... ℥ ⅔; 20.00 fl.Gm.;
Aquæ menth. pip..... ℥ jss; 45.00 fl.Gm.

Misce. Signa. A teaspoonful or more.

Do not carry the laxative treatment too far, especially with young infants, in very warm weather. In fact I seldom prescribe cathartics in midsummer for very young patients, but resort to checking-measures immediately. For this purpose you will find the chalk mixture, with the addition of paregoric or laudanum, efficient. I have used the following with much satisfaction in cases where the stomach digestion appeared to be at fault:

℞ Pepsinæ sach..... gr. xxx; 2.00 Gm.;
Bismuthi subnit..... ℥ jss; 6.00 Gm.;
Tinct. opii..... gtt. xxiv; 0.70 fl.Gm.;
Syrupi simp..... ℥ j⅓; 40.00 fl.Gm.;
Elix. simp..... ℥ j; 30.00 fl.Gm.;
Aquæ..... ℥ ij; 60.00 fl.Gm.

M. Teaspoonful every three or four hours if awake.

I often use in children's diarrhea a combination of bismuth with Dover's powder, about as follows:

℞ Ipecac. et opii pulv..... gr. vijss; 0.50 Gm.;
Bismuthi subnit..... gr. xlv; 3.00 Gm.;
Aquæ..... ℥ ij; 60.00 fl.Gm.

Signa. Stir and give a teaspoonful once in three to four hours if not asleep.

If desirable you may increase the astringency of these formulæ by the addition to each dose of a few drops of tincture of kino or catechu or extract of logwood. The latter is the most agreeable of vegetable astringents, although its efficiency as a coloring agent renders it rather unpopular in the nursery.

If through these simple and rational means the looseness is not soon checked, it is probably because it is complicated with inflammation in some part of the intestine. In that case the trouble is more serious and requires assiduous looking after.

In the treatment of persistent diarrhea with inflammation, strive, if possible, to remove the cause or to escape from it. For instance, if the infant is living in this city and is hand-fed with milk from the carts, send it to the hills south of us and keep it on a farm till October. It would be an immense saving of infant life if we could treat all our cases of persistent summer-complaint in this way. But unfortunately the disease prevails most among the poor, who can not afford the expense of removal. We must take them as we find them, and do what we can when we can not do what we would. Secure the best ventilation possible. If living in a damp basement, insist on a change of quarters. The remedies are much the same as those recommended for the milder form. Opium is by far the most valuable. It checks the action of the bowels; it promotes the action of the skin; it relieves pain; it secures rest and checks the rapid waste. In some form it is an ingredient of nearly all our prescriptions for this kind of intestinal flux. The foregoing formulæ may be employed or the following from the excellent work of Prof. J. Lewis Smith:

℞ Tinct. opii..... gtt. xvj; 0.50 fl.Gm.;
Bismuthi subnit..... ℥ ij; 8.00 Gm.;
Misturæ cretæ..... ℥ ij; 60.00 fl.Gm.

Signa. A teaspoonful every three hours.

It often happens that the vomiting prevents successful medication by the mouth. We may then have recourse to the rectum. An enema of from one to three drops of laudanum for an infant of one year, in a

teaspoonful of mucilage or hydrated starch, will usually be retained. Opiate suppositories answer the same purpose. For infants they may be made in urethral molds. From one twenty-fourth to one eighth of a grain of opium may be used for a child one year old. Do not use opiates by the mouth and rectum at the same time, and be ever mindful of the marked susceptibility of children to the power of this drug.

Next to the diarrhea the most troublesome symptom is vomiting. Various means are employed for checking it. Some of them I give you. The preparations before mentioned that contain bismuth are sometimes effectual. Limewater may be added to the food or given by itself. Calomel in minute doses (one tenth of a grain), placed on the tongue, repeated once an hour, sometimes acts magically. Quarter- or half-drop doses of wine of ipecac, or correspondingly small doses of nux vomica, will sometimes succeed, but very often they will fail. When the stomach is irritable the nourishment and the drink must be given in very small quantities, often repeated. When all ordinary diet has failed to remain upon the stomach, raw meat finely chopped and seasoned has been given with success.

In this form of diarrhea you will do well to begin early the use of stimulants. Do not wait till vitality is exhausted before you avail yourselves of the sustaining influence of brandy, of Bourbon, or of champagne. Given with the food stimulants seem to render the stomach more retentive.

The infant should be put once or twice daily into a warm bath. I am in the habit of advising it the last thing in the evening. Aside from its effect in equalizing the circulation, and so relieving intestinal hyperemia, it is an admirable measure for inducing a tranquil and restful sleep.

Outside applications are useful, but are not very easily kept on. I have used nothing better than a thin linseed poultice with which is incorporated a little mustard—say one part to twelve of flaxseed. This covered with oil-silk may be applied to the whole abdomen for some hours at a time.

In the treatment of the dysenteric form of bowel-trouble the same remedies and rules to a certain extent apply; but here medication per rectum is of peculiar value. Nothing relieves the pain and distressing tenesmus like opiate injections and suppositories given as before advised. The little patient should be kept at rest and recumbent, and should be exhorted to resist the longest possible its inclinations to go to stool. Prolapse of the rectum is more apt to attend this form than any of the others. Beyond prompt reduction by gentle pressure no treatment is necessary. The protrusion becomes less as the tenesmus subsides and eventually ceases entirely.

In cholera infantum we must act quickly if our treatment is to avail any thing. The remedies which were advised for the other forms are not inapplicable in this, but opium is our sheet-anchor. It must be given in decided doses, yet circumspectly, lest we induce a fatal narcotism. Prof. Smith gives a formula which I think well of in this connection:

℞ Tinct. opii.....	gtt. xvj;	0.50 fl.Gm.;
Spts. amm. aromat..	ʒ ss–j;	2.00–4.00 fl.Gm.;
Bismuth. subnit.....	ʒ ij;	8.00 Gm.;
Syrupi simplicis... } Aquæ..... }	āā ʒ j	30.00 fl.Gm.

Misce. Signa. A teaspoonful once in two or three hours to a child one year old. If less, reduce the dose. Suspend if drowsy.

I have much faith in the efficacy of the warm bath often repeated. Stimulants are necessary and should be freely given from the outset. Champagne is one of the best in this form of diarrhea.

If cerebral symptoms—such as rolling of the head, clutching at the hair, and spells of hard crying alternating with drowsiness—appear, do not think or say, as do the uninformed, that "the disease has gone to the head;" but look upon these phenomena as denoting cerebral anemia consequent upon the rapid drain from the blood, and treat accordingly.

Correspondence.

QUACKOPHOBIA.

Editors Louisville Medical News:

There is a short but significant article in your journal of the 17th ult. giving an extract of Sir Henry Holland's treatment of medical charlatans. If the profession at large had acted on his precept I have my doubts whether eclecticism, homeopathy, hydropathy, etc. could ever have secured a footing in the arena of medical practice. Too many medical men put on their armors to fight charlatans as if they were champions worthy of their steel. The affair naturally ends in an indiscreet and unprofitable controversy which more or less attracts public attention; and as in a dog-fight the under

and smaller gets all the sympathy, while the other gets only kicks and no credit for his valor and strength. It may appear unkind thus to criticise, but we had better see quacks prosper on the folly of the people than the dignity of a great profession deteriorated.

The silly custom of snubbing quacks has no good effect. Give them the civility you would to any other class of citizens, and take no note of their occupation. Even your proximity to them will not defile you if your own position is high in honor and science. In fact, "every tub stands upon its own bottom"—all can not become alike skillful and learned. The different degrees of skill, capacity, and even honesty run through our profession as through any other legitimate business. Let the feeble, the incapable, and the pretender alone, and their occupation will die for want of your attention. This inequality can not be corrected by force or reason, but as we continue to elevate ourselves in the light of intelligence, and that light falls upon the people, so will the dark doings of quackery fall into decay. In the sense of political economy quacks are a necessity, as they *supply* a *demand* from the credulous, the ignorant, and the superstitious—and do these not constitute a great part of mankind? To assail quacks by law or by any other tribunal will not reach the evil. That lies with the people—a people that can not be driven, but easily led.

Silence and "let alone" are sometimes more potent to correct a social evil or a morbid belief than the combined powers of the law, the pen, and the sword. Let almost any fool promulgate a ridiculous creed, and it will reproduce itself in others with a rapidity directly proportionate to the indiscreet opposition it meets. Under this opposition numbers will gather under the new banner from apparently no other motive than to satisfy their conceit by placing themselves in formal opposition to their superiors. An organization thus created—let it be in religion, politics, or medicine—always demands men with some intelligence for its executive operations, and the supply is always at hand from that ambitious class that can never make their mark at home and would sooner rule in hell than serve in heaven.

G. P. HACHENBERG, M.D.

AUSTIN, TEXAS.

THE water-supply of Memphis, Tenn., has been arraigned for a public nuisance.

Formulary.

FOR VARIOUS KINDS OF HEADACHE.

The following prescriptions are recommended by standard authorities in the treatment of various forms of headache as highly efficacious (Medical Gazette):

Neuralgic and Periodic Headache:

℞ Liquor Fowleri..... ℥ j; 4.00 fl.Gm.;
Tinct. quiniæ..... ℥ jss; 45.00 fl.Gm.;
Mist. camphoræ, ad..... ℥ vj; 180.00 fl.Gm.

M. Sig. One half ounce three times a day in a little water after food.

Neuralgic Headache with History of Syphilis:

℞ Liq. potass. ars..... ℥ j; 4.00 fl.Gm.;
Tinct. quiniæ..... ℥ jss; 45.00 fl.Gm.;
Hydr. bichlorid..... gr. ½; 0.03 fl.Gm.;
Aquæ, ad..... ℥ vj; 180.00 fl.Gm.

M. Sig. A teaspoonful in a wineglassful of water three times a day after food.

Headache associated with Gouty Diathesis:

℞ Liq. potass. ars.....
Liq. potassæ..... } āā ℥ j; 4.00 fl.Gm.;
Tinct. colchici..... ℥ ij; 8.00 fl.Gm.;
Tinct. lavendulæ co..... ℥ iij; 12.00 fl.Gm.;
Aquæ puræ..... ℥ vj; 180.00 fl.Gm.

M. Sig. A tablespoonful in a wineglassful of water twice a day after food.

Nervous Headache:

℞ Tinct. quiniæ..... ℥ xiv; 56.00 fl.Gm.;
Spts. chloroformi..... ℥ ij; 60.00 fl.Gm.

M. Sig. A teaspoonful in a wineglassful of water twice or three times a day. Or—

℞ Tinct. quiniæ..... ℥ vj; 23.50 fl.Gm.;
Potass. bromid..... ℥ j–ij; 4.00–8.00 fl Gm.;
Glycerini..... ℥ ij; 60.00 fl.Gm.;
Mist. camph., ad... ℥ vj; 180.00 fl.Gm.

M. Sig. A sixth part twice or three times a day.

AMMONIO-SULPHATE OF COPPER IN NEURALGIA.

Dr. Féréol (*La France Médicale*) recommends the following:

℞ Cupri ammonio-sulphat... gr. ⅓; 0.02 Gm.;
Bismuthi subnitratis..... gr. iv; 0.24 Gm.

Inclose in a *cachet de pain* (bread wafer) for a single dose. Five of these are to be taken daily while eating. The quantity taken may be gradually increased to ten doses daily, care being taken to swallow the powder during a meal or after having swallowed a glass of milk, to avoid the direct action of the salt on the stomach. Ordinarily the patients fail to taste the disagreeable savor of the medicine; at times, however, sickness of the stomach supervenes, so that it must be stopped.

SULPHUR FOR PIMPLES ON THE FACE.

Dr. Gage Parsons (London Practitioner) says that the usual lotion of the flowers of sulphur with glycerin and water is undoubtedly a valuable remedy, but from the readiness with which the sulphur separates it is inelegant and inconvenient, while it is not

quite satisfactory in its results. A far more efficacious mode of using sulphur is to dust the face with pure precipitated sulphur every night with an ordinary puff used for toilet purposes. Recently two severe cases of acne of two years' standing, which had resisted the ordinary methods of treatment, yielded at once to sulphur thus applied. If the sulphur be scented with oil of lemon or roses it will form an elegant cosmetic.

Medical Societies.

THE INTERNATIONAL CONGRESS.

DIPHTHERIA.

[From the British Medical Journal.]

Dr. West (President), in opening the discussion, said that one of the most important questions was whether the albuminuria bore any invariable proportion to the severity of the case. It was common to find it in any malignant fever, and to a slight extent when respiration was interfered with. Was there, with regard to diphtheria, any rule? Did it occur more often in some epidemics? Did it leave any permanent affection of the kidneys? Did it differ in frequency in different epidemics? The paralysis certainly did so differ; sometimes it occurred quite early; when it came on as a sequela, it might be due to an extension of inflammation along the nerve; but why was it that it became generalized? As to the nature of the infection, it must be remembered that the presence of bacteria or other organisms in the membrane did not prove that they were the cause of the disease.

The Nature and Mode of Propagation of the Contagion of Diphtheria. By A. Jacobi, M.D. (New York):

Dr. Jacobi said that the nature of the contagion was probably chemical. The presence of bacteria in diphtheria did not prove its parasitic character. The entrance of the diphtheritic poison was not the same in all cases. In some the origin of the disease was local. In others the poisoning of the blood by inhalation was the first step. In some both modes of infection acted simultaneously. Diphtheria was very contagious. Both the patient and his surroundings, dwelling, furniture, towels, visitors, etc., conveyed the disease, and might do so after a long time. The contagion rose upward with the current of warm air in dwellings. It clung mostly to mucous membranes not endowed with many muciparous follicles. Mild cases might communicate serious ones, and *vice versâ*; and recent wounds were affected easily and speedily. The disease had been contracted from animals. It attacked children under three months of age, and those over seven or eight mostly, and mainly such as had been affected previously. Local paralysis of the soft palate, and sometimes of the muscles of deglutition and the glottis, often attended the local deposits on these parts, with edematous swelling of the same. The diphtheritic paralysis, properly so called, was an affection of apparent convalescence. The majority of cases occurred after mild attacks, sometimes after those with but little fever and a slow general course. It did not usually occur in cases complicated with albuminuria and nephritis. There was no symptom during the attack indicating future paralysis. Albuminuria was often found in diphtheria, but was mostly no grave symptom. It appeared to be the result of rapid elimination of the poison. Acute diffuse nephritis appeared at an earlier period than in scarlatina.

On Diphtheritic Paralysis and Albuminuria. By John Abercrombie, M.D. (London):

Dr. Abercrombie said that from an analysis of sixteen cases he found that the paralysis generally appeared from two to five weeks from the commencement of the diphtheria. The earliest symptom in the majority of cases was return of fluids through the nose, or some other difficulty in swallowing. All the cases he referred to were instances of general paralysis. Irregular action of the heart was found in several cases, as also albuminuria; while paralysis of accommodation was ascertained, or could be inferred, in a considerable number. Paralysis of the muscles of the chest-wall was present in more than half the cases, and was found to be a sign of very grave import. The so-called "patella tendon reflex" was found to be absent in all the cases in which it was investigated. Anesthesia of the soft palate was generally found, but no marked loss of cutaneous sensibility. The muscles responded well to the induced current in the few cases where it was tried. In the cases that recovered, the paralytic symptoms generally lasted from five to six weeks; but in one they persisted for fifteen weeks. Of the fatal cases, two died about the ninth day from the onset of paralytic symptoms; but the average duration was about three weeks. He had not found such marked changes in the spinal cord as those described by M. Déjérine; but in some cases changes were observed in the central canal, and multiplication of the corpuscles in the neuroglia; and in others a globular condition of some of the large motor cells in the anterior cornua, with disappearance of their processes. Belladonna was the only drug which seemed to exert any influence over the disease, and its use in large and frequently repeated doses was recommended. As to the albuminuria, he had found it to occur in about one fourth of the cases. It was difficult to fix the date at which the albumen first appeared in the urine, as it was often present when the patients came under observation; but in one very malignant case he found the urine highly albuminous within twenty-four hours of the first symptom. He had never seen albuminuria commence later than the tenth day of the disease. In cases that recovered it usually lasted only a few days; and he had only once seen it last more than a fortnight. In fatal cases, as a rule, the albuminuria persisted until death; in one patient, however, it disappeared two days before the fatal result. He had never seen it associated, either at the onset or during its course, with anasarca. The urine was generally clear, hardly ever smoky; and he had not observed any case presenting symptoms of uremia. The changes found after death were those of parenchymatous nephritis. The presence of albumen in the urine was always an unfavorable sign, especially so in those cases where laryngeal symptoms coexisted; but its absence was no proof that the patient would recover.

Tracheotomy in Diphtheria. By George Buchanan, M.D. (Glasgow):

Prof. Buchanan considered that tracheotomy was justifiable in diphtheria as well as in croup (if they were not identical diseases), but only in the sthenic or simply suffocative form. The type and stage of the disease demanding tracheotomy was best recog-

nized by observation of the naked chest. The operation should be performed with the utmost deliberation, and the higher up the trachea the better. In the after-treatment all medicine should be abandoned, and reliance placed solely on nourishing food, with copious supply of fresh air, at a proper temperature, the moisture being secured by a porous sponge kept moist and hot, or a little loose gauze placed over the mouth of the tube, which should be kept scrupulously clean and clear.

Dr. Leale (New York) thought tracheotomy was only justifiable when the patient was desperately ill. Recovery sometimes occurred even when the disease was most severe. He thought by operating the complexity of the disease was increased.

Dr. Ranke (Munich) had recently published a paper on this subject. He had about one recovery in three cases. He thought that it was proper to operate early, and that it was bad to wait until the child was very ill. If a child showed signs of diphtheria of the fauces, and there followed signs of stenosis, it was proper to operate at once. Nursing was most important, for with the nurse rested much of the after-treatment. He fed the child carefully, and endeavored to keep up its strength. He always treated his cases in two rooms; he thoroughly ventilated a room, then it was warmed, and the patient's bed was rolled into the clean room. The room first occupied was then ventilated again; and so twice a day the patient had a change into a fresh and thoroughly sweet room.

Mr. Golding Bird advocated early operation. After the opening had been made in the trachea, he insisted upon having it held open for a moment or two to allow free expectoration of blood or membrane. By examining the back of the trachea it could be ascertained whether or not the membrane had extended below the wound. If the mucous membrane were healthy he introduced a tube, but if the membrane had extended lower, or so soon as it did extend, he removed the tube, and merely had the tracheal wound held apart. For this purpose he used a silver retractor resembling a nasal speculum, but a stitch fixing the trachea to the skin would do as well.

Dr. Jacobi (New York) said that with his own cases, where he operated early, his percentage of recovery was good, about twenty per cent. But seeing, as he had latterly, a great number of cases where the child was profoundly ill, within an hour or two of death, his percentage after operation was not nearly so good; indeed, he had lost fifty cases in succession. Where the lungs were sound, the inspirations were long and peculiar; the breathing was rapid if pneumonia were present, but this did not contraindicate tracheotomy, which ought to be performed whenever suffocation was threatened by laryngeal stenosis.

Dr. Buchanan, in reply, said he was glad to find so much support from various speakers. In many cases he had used no tube at all, nor any retractor beyond a pair of dressing forceps kept open by a cork and enveloped by an elastic band.

THE SURGICAL TREATMENT OF CROUP AND DIPHTHERIA BY THE INTRODUCTION OF TUBES INTO THE TRACHEA THROUGH THE MOUTH. By W. Macewen, M.D. (Glasgow):

Dr. Macewen related several cases in which he had introduced flexible tubes into the trachea through the mouth, and gave details of one case of membranous croup in which their use had been attended with marked success. He showed a flexible silver tube, and some gum-elastic tubes; the latter he found the more satisfactory.

Dr. Robertson (Glasgow) had seen some of Dr. Macewen's cases, and could confirm the statement that the patients' voices were unaffected, even in the case of the patient in whom the tube was retained for thirty-six hours. He had seen the fourth case, and he found that the breathing took place freely through the tube. The respiratory murmur seemed quite full and free at the base of the lungs, showing that air was freely admitted. There was no difficulty in swallowing.

SURGICAL TREATMENT OF EMPYEMA.

The subject was introduced by Dr. C. Gerhardt (Würzburg), who first reviewed the opinions of the earlier writers on the subject. Passing to the practical side of the question he expressed the belief that a small empyema might be cured spontaneously by absorption; another favorable termination was by expectoration, after a spontaneous opening into the lung; after two or three weeks of purulent expectoration, such cases got well. As to operative interference, he found that a single aspiration sometimes resulted in a complete cure; a method which had been found useful consisted in replacing the pus withdrawn by some indifferent or antiseptic fluid, without the admission of air to the chest. He advocated the free opening of the chest under antiseptic precautions; and thought that to wash out the pleura was not free from danger. Very early childhood gave less favorable, the middle period of childhood more favorable, results than adult age.

Dr. Ranke (Munich) thought that in children an empyema comparatively seldom opened into the bronchi; this, he thought, was the most favorable termination. He made use of incision, with antiseptic precautions, and under this system found that his patients generally remained about six months in hospital.

Dr. Jacobi (New York) had seen three cases of empyema in infants, one containing as much as twelve or thirteen ounces, in which recovery had occurred after a single aspiration.

Mr. F. Richardson Cross (Bristol) thought that the early removal of pleuritic effusion was necessary to insure the re-expansion of the lung. He advised an incision in the eighth or ninth intercostal space, with antiseptic precautions, if aspiration failed after two trials. He had recently had three very successful cases treated on this method. One of them was a most unfavorable case, in a girl aged eight, but recovery ensued in seven weeks.

Mr. R. W. Parker (London) said that as the question of treatment must very much depend on the mechanical condition of the chest, it would be well to divide empyemata into two chief classes, viz: 1. As found in children; 2. As found in adults. Whatever method of treatment was adopted, no favorable result could be expected unless the conditions regulating chest-movement assisted. The cavity of the empyema could not be emptied unless the lung could re-expand, or the chest-wall fall in. In children these conditions were present more commonly than in adults; hence the disease in them was less serious. In old people, whose chest-walls were very rigid, empyema was always a serious, often an incurable, disease. He believed that aspiration, two or three times repeated if need be, was the best treatment in childhood, and ought always to be adopted before other measures were tried. No doubt the next best mode of cure was the expectoration of pus through the lung; but it was hardly safe to postpone treatment until this took place spontaneously, and, unfortunately, there were

no mechanical means by which it might be brought on. When aspirations had failed, a free incision into the lowest and most dependent part of the chest, with antiseptic precautions, was called for. In adults he also advocated aspiration; but if the cavity were large he also suggested that filtered and carbolized air should be injected into the pleura; this air helped to replace the fluid, lessened the dragging sensation often felt, and prevented reaccumulation.

DISEASES OF THE TEETH.

[From the London Lancet.]

The Dental Section opened auspiciously with an address from Mr. Saunders, the president, and an able paper by Prof. Owen, F.R.S., listened to by a crowded gathering of dental surgeons from America and all parts of Great Britain and the Continent. The section may fairly claim to have done good work in adding to the knowledge of many stirring questions in dental surgery, both scientific and practical.

The first subject propounded was that of replantation and transplantation of the teeth, and was introduced by Dr. Magitot, who described his method of replantation and gave a record of ninety-two per cent of successful cases. The general conclusion derived from the discussion which followed seemed to be that this operation should be adopted only when a tooth was otherwise in a hopeless condition; that the ends of the roots should be excised and smoothed, but that invariably successful results had been attained when sound teeth had been accidentally extracted and at once returned to their sockets.

A very interesting summary of the experiences of Messrs. Clover, Braine, Bailey, and Coleman, read by the last-named, in the administration of anesthetics at the Dental Hospital, Leicester Square, since 1868, shows a total of more than twenty thousand cases. Chloroform, gas, ether, nitrous oxide, and ethidene were given without a single fatality resulting from their use.

Another most important subject—dental surgery in the army and navy—was brought forward, and it was strongly urged that a course of lectures on, with practical training in, the preservation of the teeth should be included in the special subjects at military and naval medical schools, so that the health of our soldiers and sailors should not be endangered by the wholesale extraction of teeth.

A paper was also read upon Interrupted Second Dentition as a Cause of Reflex Constitutional Disturbance, by Mr. Corbett.

A question of much interest to dental surgeons was debated during the most of one morning. The causes and treatment of premature wasting of the alveoli and loosening of the teeth, and various theories as to the causes were advanced. The edges of the alveolar sockets are implicated in the disease, and there is no doubt that the only efficient treatment is to scrape away with suitable instruments not only all tartar upon the teeth, but also diseased portions of the socket, till healthy bone is reached, and, in addition, to paint these portions with phenylic alcohol. . . .

Dr. Magitot read a paper on Honeycombed Teeth as an Evidence of Infantine Convulsions. This produced a good discussion, and elicited from Mr. Jonathan Hutchinson an expression of his now well-known views about the teeth. He states that the true syphilitic teeth can not be mistaken, the characters being most marked in the upper permanent centrals. The normal tooth when first cut has at its incisive edge the appearance of three denticles (described by Mr. Moon), but in the syphilitic tooth the middle denticle is absent, and this causes the tooth to appear pinched and conical. After twenty years' experience he states that though only perhaps present in one case in five, these teeth are certain evidence of hereditary syphilis. Honeycombed teeth are simply defective in structure, irrespective of shape, and Mr. Hutchinson believes this to be due to mercury given in infancy, be it for syphilis or other disorder.

In the discussion on the influence of septic agencies in causing caries of the teeth, Mr. A. Underwood and Mr. W. T. Mills read notes on their experiments, and showed some specimens of carious dentine and cementum in which the presence of bacteria and micrococci was distinctly and beautifully demonstrated under $\frac{1}{25}$ objectives. They found that they could produce apparent caries in teeth placed in meat solutions and kept warm, with abundance of bacteria and micrococci in the tubules and lacunæ, as well as in the fluid, which became acid; but that when other flasks and teeth were rendered asceptic by the usual methods no caries was produced and no germs detected.

Other papers by Dr. Norman Kingsley and by Mr. Mummery, upon the causes of the increased degeneracy of teeth at the present time, were read. The former states that the increase of nervous diseases correlates to deterioration of the teeth, each influencing and in a manner causing the other; while the latter imputes to the modern system of overstimulating the nerve-power by too early education a defective power of assimilation and tissue formation, especially of the teeth.

The treatment of irregularities of the teeth and jaws was dealt with by several writers, and Mr. Coffin's system of expansion was justly appreciated. Mr. Coleman explains the vexed question of erosion of the teeth as being entirely due to friction over degenerated portions of the tooth-substance.

An attempt to explain abnormality of the maxillæ anatomically, by Dr. Iszlai József, of Buda-Pesth, can not well be summarized here.

Miscellany.

THE PLEA OF MALPRACTICE IN GUITEAU'S DEFENSE.—It was noised abroad a few weeks ago that Guiteau's counsel intended to plead that the wound of President Garfield was not necessarily fatal, but became so because of the bad practice of his surgeons. Enough criticism of their management had been expressed in the papers to make it seem not unlikely that a strong case could be made if the evidence of these critics would have weight. The prisoner's counsel has since announced to our great relief that this disagreeable cup shall pass from us. All who value the dignity of our profession will be grateful to him for sparing us any further exhibition of its unseemly disputes.

A DAGGER IN THE CRANIUM PRODUCING A CEREBRAL WOUND WITHOUT SYMPTOMS.—The following remarkable case is reported in the *Journal de Médecine et de Chirurgie.* On April 8th a man was quarreling with his wife, and after having been cruelly abused by her he decided on killing himself. Taking a little dagger about ten centimeters long he placed it vertically on the top of his head, and with a hammer drove it in up to the hilt. He retained all his intelligence and the use of his senses, with the power of motion. Being very much embarrassed with the position of the dagger he called in a surgeon, who tried to remove it from the skull; but all his efforts were useless. M. Dubrisay was called in, and the two surgeons together were not more fortunate. They raised him from the ground by the hilt of the dagger; but the weapon was so solidly fixed in the walls of the cranium that it did not move. They then took the patient into a workshop in the neighborhood, where he was put between supports having between them strong iron forceps put in motion by mechanical force. Seated upon the ground and firmly held down the blade of the dagger was seized and drawn out without concussion and removed, lifting the patient a little who fell on the ground. However, he immediately rose, began to walk, and took M. Dubrisay to his carriage, saying, "I thank you." The blade of the instrument was slightly bent toward the point. It could be perceived that it had struck against a hard body, which was the occipital fossa. As the supervention of meningitis was feared he was taken to the Hospital of St. Louis and put under the care of M. Péan. He left at the end of a week without inflammatory or paralytic symptoms having shown themselves.—*Brit. Med. Jour.*

WITH THE SCALPEL.

"Ubi sedes vitæ?"

[By H. Savile Clarke, in The Burlington.]

Here's our "subject"—tall and strong,
With vermilion well injected;
Where the blood once coursed along,
Ready now to be dissected.
Some one never claimed, it seems,
Friendless amid London's Babel:
Did he ever in his dreams
See this table?

Here's a hand that once held fast
All things pleasant, to its liking;
Now its active days are past,
Or for friendship or for striking.
Nothing colder here could lie,
Yet on some one's palm there lingers
Sense of its warm touch, while I
Strip the fingers.

How the dead eyes strangely stare
When I lift the lids above them!
Yet some woman lives, I swear,
Who too well had learnt to love them;
Some one since their final sleep
Holds their smiles in recollection,
While I put them by to keep
For dissection.

Then the heart. I take it out,
Handling it with no compunction;
Once it wildly pulsed no doubt,
Well performed each wondrous function.
Sped the life-blood on its race
In miraculous gyration,
Felt, responsive to one face,
Palpitation.

Where was Life then?—was it hid
In each curious convolution,
Packed beneath the cranium lid
With such order'd distribution?
Can we touch one spot and say,
Here all thought and feeling enter'd,
Here—'twas but the other day—
Life was centered?

No, that puzzle still remains,
One unsolved supreme attraction;
Here are muscles, nerves, and veins—
Where was that which gave them action?
Though the scalpel's edge be keen,
Comes no answer from the tissues,
Telling us where life has been—
Whence it issues.

We can bid the heart be still,
Stop the life-blood's circulation;
Paralyze the sovereign will,
Through the centers of sensation.
When the clay lies at your feet,
We can light no life within it,
Can not make the dead heart beat
For one minute.

Yet this thought remains with him,
Dead he is to outward seeming,
Still the eyes, so glazed and dim,
See what lies beyond our dreaming;
Know the secrets of the spheres,
Truth of doom or bliss supernal,
Read the riddle of the years—
Life eternal!

So we'll leave him, ready now
For tomorrow morning's lecture;
Little recks that placid brow
Of our wayward wild conjecture.
It may be our fate to die
All unwept and miss'd by no men:
As he lies there, we may lie,
Absit omen.

—*London Lancet.*

THE Indiana State Board of Health held its first session November 3d in Indianapolis. Dr. John W. Crompton, of Evansville, was elected president, and Dr. Thad. Stevens, secretary. The Governor will very soon fill the vacancy upon the Board necessitated by the election of Dr. Stevens to the position above mentioned.

A Centenarian.—A writer in the Lancet reports that a man named Michael Morgan, born in Alerkhill, has reached the advanced age of one hundred and seven years. He remembers well the battle of Ballinahinct which was fought in 1798. He follows the profession of a mendicant, and walks three miles every Saturday on a begging expedition. His sight and hearing are good considering his age. His memory is also good, but is soon tired out by any attempts to cross-examine him in verifying his history. He walks half bent and suffers from general muscular tremor; but the fact that he can take long walks and expose himself to the most severe weather without discomfort is evidence of a remarkable preservation of physical power.

Quinine Inunction.—According to Dr. Jules Simon (*Gaz. des. Hôp.*), when quinine is used externally in the form of an ointment with equal parts of lard, it is not discovered in the urine until the third day in children above two years of age, and somewhat earlier in those who are younger.

Gentle Peace.—The editor of the Louisville Medical Herald has got married, and formally announces that he has abolished the war department of his journal.—*Medical Record.*

Selections.

The Nature of the Diphtheritic Contagium.—Under the auspices and at the suggestion of the National Board of Health Drs. H. C. Wood and Henry F. Formad, of Philadelphia, have recently conducted researches on The Nature of the Diphtheritic Contagium, which will receive marked attention from the profession. The full text of the work is now in the hands of the National Board and will shortly be published by them. From an abstract of an address delivered before the Philadelphia Academy of Natural Sciences, and published in the Philadelphia Medical Times, the following items have been gathered by the Maryland Medical Journal:

In the spring of 1880 Drs. Wood and Formad began work by inoculating rabbits with diphtheritic membrane taken from the throats of patients in Philadelphia. They found that only in a few cases was any thing like diphtheria produced in the rabbits by inoculating with the membrane. The inoculations were practiced by putting pieces of the material sometimes under the skin, sometimes deep in the muscles. Many rabbits died after some weeks, not of diphtheria, but of tuberculosis. Next the tracheæ of a series of rabbits were opened and false membranes inserted. A severe trachitis was frequently produced, attended by an abundant formation of pseudo-membrane. This false membrane and the false membrane of diphtheria were identical, both containing fibers, corpuscular elements, and various forms of micrococci. A number of experiments were made to determine whether other inflammations of the trachea than that caused by diphtheria are accompanied by the formation of false membrane. It was demonstrated that the production of false membrane has nothing specific in it, but that any trachitis of sufficient severity is accompanied by this product. This membrane does not differ from that of true diphtheria except it be that micrococci are not so abundant in it.

Last spring investigations were resumed at Ludington, Michigan, by Dr. Formad. Diphtheria prevailed there as an epidemic; almost all the children had it, and one third of them were said to have died. Dr. Formad examined a large number of cases, and obtained a large supply of diphtheritic membrane and pieces of the internal organs of a child upon whom he had made an autopsy. In every case the blood was found more or less full of micrococci, some free, others in zoöglea masses, others in the white blood corpuscle.

Experiments were made of the Ludington material upon animals. Inoculations were practiced under the skin deep in muscles, and in the trachea, and in all cases the results were similar. A grayish exudation appeared at the seat of inoculation along with much local inflammation. The animal sickened and died in a few days. In some cases the false membrane spread where the poison had been put in the trachea up to the mouth. The blood examined during life or after death contained micrococci similar to those found in the Ludington cases. It was shown that micrococci first attack the white blood corpuscles, which, under their influence, alter their appearances and lose their granulations. They finally become full of micrococci, which now are quiescent, and increase until the corpuscle bursts and the contents escape as an irregular, transparent mass full of micrococci, and form the so-called zoöglea masses. The bone-marrow of the animals was found full of leucocytes and cells containing micrococci. In answer to the question, Is the disease produced by diphtheritic inoculation in the rabbit diphtheria? they concluded that it is, the poison being the same, the symptoms the same, and post-mortem lesions identical. The contagious character of the disease is retained, as they succeeded in passing it from rabbit to rabbit.

The next series of experiments were made to determine whether micrococci are or are not the cause of the affection. It was shown by these experiments that the solid particles of the membrane which are the essential poison of malignant diphtheria are the micrococci, which must be either the poison itself or the carriers or producers of the poison.

After experiments with various culture-fluids Drs. Wood and Formad conclude that as no difference is detectable between the micrococci found in ordinary sore throat and those of diphtheria, save only in their reproductive activity, they are the same organisms in different states. As the result of some hundreds of cultures they believe the vitality under artificial culture is in direct proportion to the malignancy of the the case from which the plant has been taken.

In rabbits inoculated with cultivated micrococci they succeeded in producing diphtheria with the second generation, but never with any produced later.

"This success," they say, "taken in conjunction with the urine experiments already spoken of, seems to us sufficient to establish the fact that the micrococci are the *fons et origo mali* of diphtheria."

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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J. W. HOLLAND, A. M., M. D., ... Editor.
H. A. COTTELL, M. D., . . . Managing Editor.

AMERICAN PUBLIC HEALTH ASSOCIATION.

It has been a circumstance for frequent remark that, until the meeting at New Orleans last December, for four years the attention of this Association had been mainly given to yellow fever. In a city for more than half a century sadly preëminent as the hotbed of that disease, the sanitarians in convention had found no new occasion for its discussion, but had time to give consideration to other topics.

As the parent of the National Board of Health the Association had grounds for feeling proud of this evidence that some great practical good had rewarded its efforts. At its Ninth Annual Session, again, in Savannah, Ga., commencing on November 29th, it may congratulate itself with like occasion, for this summer the South was again exempt from the dreaded disease. It was announced by Dr. Chaillé in September last, before the New Orleans Auxiliary Sanitary Association, that in sixty years but two seasons had passed without a record of death from yellow fever.

In 1861 there was a blockade by the Federal navy, and therefore a strict non-intercourse with West Indian ports. In 1881 an unexampled vigilance had marked the quarantine measures, and again the city escaped. It had escaped even the suspicion of a case, escaped even the alarming rumor of one. Without doubt the stimulus of criticism from without upon their local sanitation, and the moral support which the enlightened sanitarians of the land extended to the local sanitary bodies had much to do in improving the status in this respect.

It is equally certain that, as a consequence of agitating the questions of quarantine, its methods and its execution were greatly improved. Says Dr. Chaillé, "Local sanitation was never as good; official sanitary organizations were never more vigilant and active, and never before had these officers both the power and the will to execute so efficient a quarantine."

It is no exaggeration to say that Savannah, in entertaining the Association this year, receives an undisguised blessing. Her latest weekly mortality reports give a rate of twenty-five deaths in the thousand of population annually. Here is proof positive that at least ten persons in the thousand die every year from diseases which science has many times demonstrated to be preventable.

It will be in the usual course of events for the local press and pulpit to take up the subjects presented, and then in social circles, for a time the changes will be rung on trichina, color-blindness in public service, malaria, garbage, water-supply, and compulsory vaccination. We shall not be greatly surprised if a complete municipal board of health, with real executive powers and all the latest improvements, should spring up after the meeting is over and take measures at once to cut down these mortuary bills.

The Association can not do better than to select Memphis as the next place of meeting. According to the November number of the Sanitarian, it is the unhealthiest city in the world, on the basis of the latest sta-

tistics. The rate of mortality per thousand was 55.8 for the week ending 24th of September. Evidently something more is required than the Waring system of sewers as at present conducted. Let the Hercules of hygienic bodies set itself the task of making the new Augean stable clean, for most probably it is some sort of filth accumulated under dwellings or dissolved in drinking-water which causes the large list of its diarrheal diseases. Perhaps it has a swamp python embracing it in its deadly folds, or perhaps in the water-supply the people take in the poisonous dilution. There is small hazard in the prediction that better drainage, better water-supply, and better removal of excreta will go far toward making Memphis a more desirable home. If its enlightened inhabitants would remedy these evils, let them seek counsel and moral support of the American Public Health Association.

Original.

PUERPERAL PELVIC CELLULITIS.

BY ENOCH W. KING, M.D.*

As a report from the Committee on Obstetrics, etc., I offer you a brief history of the following case, which presents some points of interest. I am led to make this case the subject of my report because I accept the statement of Emmet as true that pelvic cellulitis is by far the most important disease with which woman is afflicted, and because I also believe his assertion that many practitioners habitually neglect to recognize this condition or do not appreciate its importance. This assertion is doubtless true as regards the nonpuerperal cellular inflammation; but when cellulitis occurs in connection with childbirth or abortion, and progresses to the stage of suppuration, it can not fail to be recognized as a serious condition; yet its pathology and the influence the disease may exert on the future health of the patient have not had the attention which their importance demands.

I was called to see Mrs. Carrie T., aged thirty-two, native of England, on April 12, 1881. She gave the following history: Was married at fifteen; has been pregnant fifteen times in seventeen years of married life; has had six abortions, the fetus being expelled before the completion of the fourth month of utero-gestation. Her youngest child is now thirteen months old and still nursing. She considers herself now seven and a half months pregnant. Her general health is very poor; is very anemic, but not emaciated. A few days after her last confinement (which occurred in New York a short time after landing from old England) she was attacked with severe pain in the left iliac region and had high fever. She was attended by a physician who considered her in a critical condition for several weeks, but further than this she is unable to say what was the nature of her trouble. She had a very slow getting-up, and has not been in good health since. When the present pregnancy had advanced to one or two months the pain in the left side returned and continued quite severe, but for the last two months it has been constant and almost unbearable. On the morning of above date, while alone, she was suddenly attacked with convulsions, which from the description given may have been hysterical, though she has not the appearance of a hysterical person. During one of these convulsions the waters broke, and had been discharging all day. Examination revealed no other indication of labor.

The next day, 13th of April, she presented some indications of fever, and I gave her quinine in three-grain doses every three hours. Pains came on at 5 P.M., and she was delivered in less than three hours after a moderately easy labor. Had hour-glass contraction, necessitating the introduction of the hand for the removal of the placenta. Considerable hemorrhage continued for a short time before I could secure efficient uterine contraction. The after-pains were unusually severe during the night, aggravating intensely the pain in the left side. Her pulse continued from 88 to 96, and symptoms of fever were present, but no elevation of temperature, as shown by the thermometer, till the afternoon of the 15th—nearly forty-eight hours after delivery. I then found her with a pulse of 120, temperature 103°, hot skin, dry tongue, extreme tenderness in left ovarian region, lochia very scant. The preceding chill had not been severe.

These symptoms remained, although at times modified by the treatment pursued, till the 21st, nine days after delivery. The temperature became normal and all evi-

* Read before the Third (Ind.) Congressional District Medical Society, at New Albany, November 3, 1881.

dences of acute inflammation of the peritoneal surface and cellular tissue had subsided, yet were not under complete abeyance. The pain in the left side continued and tenderness on pressure was very marked. She continued thus for seven days, with an irregular exacerbation of temperature, when she began to have rigors and other symptoms indicating suppuration at some point.

About this time there gradually appeared a hard, sensitive mass above Poupart's ligament upon left side. The tumor could not be felt per vaginam, nor was there the hard, board-like feel in the roof of the vagina that is considered so characteristic of peritoneal effusion. The tumor increased in size, and by the 6th of May had reached to the anterior superior spinous process of the ilium and to within an inch of the umbilicus.

May 7th, twenty-one days after the chill, she had from eight to twelve very full discharges from the bowels, consisting almost entirely of a thin purulent fluid. This diarrhea continued for six or eight days, there being from one to three evacuations daily. The tumor subsided, the soreness to some extent disappeared, her appetite returned, and she began to feel better.

By 18th of May the diarrhea had ceased, and all her former symptoms of suppurative fever returned, with an increase in the swelling of the groin; but on May 25th the abscess again opened into the bowel, discharging somewhat less freely and completely than before.

June 1st it became evident that the abscess would not empty itself completely by the rectum. Pus was again accumulating above the pubes and extending to the right side, and causing greater distress than ever in micturition and more flexion of the legs. There would occasionally—perhaps once a day or every other day—occur a discharge of pus from the bowels, till June 16th, when she again had a severe purulent diarrhea, but not with so much relief of pain or pyemic symptoms as formerly.

June 25th I discovered the first indications of fluctuation, which began to show about one inch above the middle of Poupart's ligament, where I opened it on the 29th day of June, sixty-six days after delivery. Over a pint of pus discharged immediately. The alvine evacuations continued to show pus for more than two weeks, the opening in the meantime discharging quite freely. A drainage-tube could be inserted to the depth of four inches. Four other points of fluctuation appeared near the site of the first one, and all opened spontaneously. I think that they all communicated with one another. The hard indurated mass gradually disappeared, the pain ceased; the left leg, which had been strongly flexed upon the abdomen since the first appearance of the pelvic tumor, gradually extended itself, the appetite returned, and she improved in general health.

August 16th there was still a light discharge of pus from the opening. She was able to sit up and was convalescing. She soon after left the city, and I have had no opportunity to inform myself of her present condition.

I have reserved a statement of my treatment until now, that I may make it more brief.

After the acute inflammation had subsided I discontinued the veratrum and the opium, but gave her morphia hypodermically every evening to secure relief from pain and a few hours' sleep. The dose had to be increased, and she finally required more than a grain every night. Quinine was given continuously. When the fever was not high, and the rigors and sweats not severe, she would take from thirty to forty grains daily; but when the evening temperature marked 104° or 105°, which it did many times during the sickness, I increased my daily portion to sixty grains, giving from thirty to forty grains during the latter part of the night and early morning, always with decided effect in modifying the unpleasant symptoms and securing a lower range of temperature for the following evening. I encouraged good nourishment in considerable quantities, taken frequently, and to this means of supporting the powers of life during the process of suppuration, I attribute much of my success.

Some reflections and some questions present themselves to my mind in the study of this case that may be pertinently presented to the society; and as they are upon points still *sub judice*, I hope those present will not hesitate to give us their experience or express their opinions on them.

The differential diagnosis of pelvic peritonitis and pelvic cellulitis, or perimetritis and parametritis, as Virchow and Duncan call them, is in many cases very difficult, because of the proximity of the tissues involved and the fact that both diseases are often present at the same time. In this case I feel satisfied that during the first week after the attack there was considerable peritoneal inflammation, yet it was secondary by con-

tiguity of tissue to a cellulitis caused by a laceration of certain adhesions which had formed during a somewhat similar attack after her previous confinement. She gave quite a clear history of a pelvic inflammation following her accouchement in New York, and the pains which so constantly annoyed her subsequently, and increased to such severity after the second month of her recent pregnancy, point quite conclusively to an abnormal adhesion between the uterus and the parts in the left iliac region. Those adhesions I conceive were broken or lacerated at the time of confinement by the uterine contractions, and resulted in an inflammation of the cellular and peritoneal tissues, but primarily the former. In this view of the case the theory which attributes the origin of the affection to septic absorption from a lacerated cervix or vagina is set aside; and in this opinion I am strengthened by the fact that during the acute attack the lochia was not at any time entirely suppressed, nor did it ever present the odor so characteristic of puerperal septicemia or puerperal fever. The absence of the hard deal-board feeling in the roof of the vagina, of any effusion in the posterior cul-de-sac or between the bladder and uterus, the displacement of the neck and body of the uterus to the right side, and the soft, baggy sensation, although not well marked, in the left side of the pelvis, induced me to consider it from the first primarily a case of cellulitis.

Three distinct times these symptoms indicated that the abscess opened spontaneously into the rectum; this never proved of any permanent benefit. The abscess would empty very incompletely, and in a few days the discharge would cease and the symptoms of suppurative fever recur. I do not believe that we should ever hope for much decided and permanent relief in these cases by an evacuation of the pus through the rectum. Drainage of the abscess cavity can not be secured through such an opening.

I did not open the abscess for four or five days after fluctuation became well marked. I was induced to thus hesitate because at that time my patient presented no alarming symptoms, and I found that writers were somewhat at variance as to whether an abscess of that character should be opened early. Circumstances might prevail on me to pursue a different course in the future, but I believe in the majority of the cases we may with more safety allow the pus to come near the surface before we use the lancet.

I would especially emphasize the value of quinine in large doses as exemplified in this case. Every time the temperature would rise above 103° a dose of ten grains, repeated every two or three hours, would be followed by a decided lowering of the fever-heat. I am not prepared to express an opinion as to whether these effects were due solely to its powers as an antipyretic or whether it exerted an influence as an antipyogenic—i. e. over pus-formation. However, by closely watching the temperature and giving quinine freely, I was enabled to keep the fever below the point of danger.

Would it have been advisable to wash out the abscess-sac with any antiseptic fluid, or with the object of hastening reparative action and closing the sac more promptly than nature unassisted would heal it? Would hot-water injections, as advised by Emmet in non-puerperal and chronic cellulitis, have been of any advantage in this case? I believe it would, from first to last, if properly used; but as it could not be used very satisfactorily under the circumstances in which my patient was placed, it was not attempted.

When we consider the location of one ovary in this mass of induration and suppuration, the question occurs, Will she hereafter be sterile? From the fact that she has already done a fair share in populating the world, and from certain circumstances of a domestic nature, it is hoped she will be.

NEW ALBANY, IND.

Reviews.

A Practical Treatise on Hernia. By JOSEPH H. WARREN, M.D. Second and revised edition, fully illustrated. Boston: James R. Osgood & Co.

Many books have been consulted in the preparation of this book. It is very full in the history of operations, and gives the details of all that have made a history for themselves. Although liberal enough in selecting those on his list and in commenting upon them, he frankly expresses preference for his own "radical method." He asserts that a fatal result has never occurred from his operation; though it is based upon the inflammation excited in the hernial rings by irritating injections. Reports of complete success with this method are not often encountered, though it has had now a fair trial. This may possibly be due to the inexpertness of the operators.

The appearance of a second edition so

soon after the first is proof of popularity in the book, though it does not give assurance that this simple and captivating operation has received equal favor. The book now contains in addition to much of the old matter six new chapters, some of them dealing with subjects not embraced in the title, but related to it, such as hydrocele, varicocele, artificial anus, and wounds of the intestines. Beautiful plates have been introduced to show up well the anatomical regions concerned. The presswork on these plates and on the text is excellent.

Of recognized value to the specialist and to practical surgeons, this work possesses many features of interest to the general reader.

Artificial Anesthesia and Anesthetics. By H. M. LYMAN, A.M., M.D., etc. New York: Wm. Wood & Co. 1881.

This is volume IX of the Library of Standard Medical Authors, and is issued in form like the other numbers. From the best-known works on this and kindred subjects the author has gleaned a valuable contribution to medical libraries. While no agent of the class has gone unmentioned, due proportion has been observed by giving the most space to the most popular. More than one third of the book is a treatise upon anesthesia, its history, phenomena, physiology, method, accidents, mortality, medico-legal and other relations. The last two thirds deal with the individual anesthetics, their chemical nature, physiological, and pathological effects. For felicity of thought and grace of diction this book stands high above the common level of scientific literature.

The Mother's Guide in the Management and Feeding of Infants. By JOHN M. KEATING, M.D., etc. 12mo, pp. 118. Philadelphia: Henry C. Lea's Son & Co. 1881.

The author has very successfully met a demand of young mothers for plain details of instruction concerning the management and feeding of infants. It is a work which can safely be put in the hands of those for whom it was intended.

OWEN COUNTY (KY.) MEDICAL SOCIETY. The physicians of Owen County, Ky., organized in September a County Medical Society, and elected Dr. J. W. Johnson, president, and Dr. R. I. Peck, secretary.

Books and Pamphlets.

THE GALVANIC ACCUMULATOR. By Louis Elberg, A.M., M.D. New York. Reprint.

A PRACTICAL TREATISE ON HERNIA. By Joseph H. Warren, M.D. Second and revised edition, fully illustrated. Boston: Jas. R. Osgood & Co. Price, $5.

UTERINE MASSAGE AS A MEANS OF TREATING CERTAIN FORMS OF ENLARGEMENT OF THE WOMB. By A. Reeves Jackson, A.M., M.D. Reprint from Vol. V, Gynecological Transactions, 1881.

NEW ENGLAND MEDICAL MONTHLY. William C. Wile, M.D., editor and proprietor. Newtown, Conn. Terms, $2 per annum.

A new journal, fair spoken, and remarkably well fitted in advertising for the struggle for existence that is before it.

THE MEDICAL RECORD VISITING-LIST FOR 1882. Published by Wm. Wood & Co., New York.

This publication is now ready, compact in form, elegant in finish, and containing much condensed information. There are two varieties, both interleaved, thirty patients and sixty patients, bound in extra-finish red and green leather. Prices, $1.25 and $1.50. We would advise our readers to order at once and save vexatious delay later in the year.

Medical Societies.

THIRD (INDIANA) DISTRICT MEDICAL SOCIETY.

The Thirteenth Semi-annual Meeting of the Medical Society of the Third Congressional District of Indiana was held at New Albany, November 3, 1881, the exercises commencing at 10:30 o'clock A.M., with the president, Dr. E. P. Easley, occupying the chair.

The minutes of the previous meeting were read and adopted.

The report of the Committee upon Consolidation with the Mitchell District Society expressed a doubt as to the expediency of consolidation. Said committee asked to be discharged, and the request was complied with.

The Committee on Practice, Materia Medica, and Therapeutics reported through Drs. J. L. Stewart and R. S. Rutherford, Dr. Stewart reading a paper entitled A Report on Practice, Materia Medica, and Therapeutics, a plea for classifying the practice of medicine as one of the sciences; denouncing the expectant method; referring to some of the new remedies, and reporting some cases showing their good effect; and calling attention to the new application of many old remedies, saying that the present mode of administering remedies is more acceptable than that of the past. The doctor complimented the pharmacists, but referred to their indiscretion in putting worthless articles before the profession. This paper was discussed by Drs. N. Field and E. W. King.

Dr. R. S. Rutherford read a paper upon Materia Medica.

The Committee on Obstetrics reported through Dr.

E. W. King, who gave a detailed history of a most interesting case of puerperal pelvic abscess.*

The Committee on Physiology, Hygiene, and Toxicology reported through Drs. N. Field and W. H. Sheets, Dr. Field reading a paper upon Toxicology, which would be difficult to epitomize. The paper was discussed by Dr. Stewart and Prof. E. R. Palmer.

Adjourned until 1:30 P.M.

AFTERNOON SESSION.

The Society met at 2 P.M., when Dr. W. H. Sheets read a lengthy and able paper upon Hygiene. This paper was discussed by Dr. N. Field and others.

The Committee on Surgery made a verbal report through Dr. S. C. McClure.

Some Cardinal Points in Ophthalmic Practice, by Dr. M. F. Coomes, of Louisville, was the title of a very interesting and instructive paper. Besides the reading of this paper the doctor presented to the Society a patient with a rare injury of the eye.

Dr. W. B. Doherty, of Louisville, read a paper, entitled Venereal Diseases, which was thoughtfully prepared and fully up with the practice of the day. This paper led to a spirited discussion by Drs. M. F. Coomes, W. H. Wathen, N. Field, E. W. King, and Prof. E. R. Palmer.

Spinal splints were exhibited by Dr. A. M. Vance, of Louisville.

The subject of Medical Legislation was ably discussed by Dr. David McClure. As the doctor is a member of our legislature, he is thoroughly acquainted with the recent abortive attempts at medical legislation.

Some Hints in Operating for Fistula in Ano was the subject of some remarks by Dr. J. M. Mathews, of Louisville. The doctor evidently believes that experience is the best of masters. He said:

Having prepared no paper, you will permit me to say a few words or give a few hints upon Operating for Fistula in Ano. No doubt but that very grave mistakes have been made in the treatment of this affection because of a misunderstanding of the pathology of the same. Brodie taught that an internal opening always existed, the first step being the ulceration of the mucous membrane. Syme, contrary to this, taught that the mucous membrane always remained entire in the first instance, and was never perforated until after suppuration. The fact is that careful investigation has subsequently proved that neither of these eminent surgeons was correct in his opinion, for a fistula may present, on the one hand, a sinus opening into the gut, an external opening being absent, or on the other hand a sinus opening externally, and no internal opening existing. There may or may not be ulceration of the mucous membrane. If pus forms it finds an exit—not always as Syme suggested, through the mucous membrane, but through the nearest and most accessible point.

There are four methods of operating for Fistula in Ano, viz: 1. Injections into the sinus; 2. By the silk ligature; 3. By the elastic ligature; 4. With the knife.

I name injections into the sinus as a method because it is not, as some suppose, obsolete, but practiced by very many, particularly advertisers, of today. That very few cases can be cured in this manner any surgeon will admit. If the case is of recent origin, and no induration exists, no doubt by this means sinuses would heal; but in the great majority of patients who consult us the disease has existed for some time, and the pathological change in the tissue is such that it would be folly to attempt a cure in any such way. The only effect under such circumstances is the healing over of the true skin at the external opening, which is not desirable.

The second method, that of operating by the silk ligature was also advised and practiced away back in the past, but it too is employed extensively at the present day by some. The advantages urged are that it causes no pain and no hemorrhage. This is true; for if the thread is not drawn tightly there is comparatively but little pain, and of course but seldom any bleeding. The disadvantages are that the ligature simply cuts through the *top* of the sinus, leaving the *bottom*, and that, too, perhaps in a callous condition. Of course no cure could be affected.

The elastic ligature is specially recommended by a number of authorities, notably Mr. Allingham, in the latest edition of his work. In my opinion it possesses but one advantage over the silk ligature, and that is, when drawn *tightly* it cuts through in less time than the silk. But it must be understood, some authorities to the contrary notwithstanding, that if the ligature is drawn in this manner there *will be* pain, and that sometimes very intense. Its advantages are the same as stated of the silk with the addition of quicker work. The disadvantages are about the same.

That the knife is the most effectual, quickest, and best way of operating for this trouble, I don't think any surgeon who has tried them all will deny. It is a demonstrable fact that unless the bottom of a fistula is cut through the majority of them will not be cured. If this be true, then the knife affords the only means for cutting through it. It is also an admitted fact that if any branch fistulæ are left the operation is a failure. There is often no way of determining their existence but *by* the knife. Sinuses operated on by the ligatures are from six days to as many weeks cutting through. The knife accomplishes this in a moment. To sum it up, the knife has all the advantages of the other methods, with none of the disadvantages if in the hands of a competent operator. I have never yet operated by any other of these methods that I did not wish the knife had been used.

Hemorrhage may always be controlled by means of the persulphate of iron. This styptic is the best that can be used after this operation, because it not only promptly arrests the bleeding, but leaves a healthy granulating surface behind it which will heal readily and perfectly.

Such, gentlemen, are my views in reference to the treatment of fistula in ano. They are warranted by experience and attested by results, and I am firmly convinced that any method of treatment less radical in character will in every case end either in failure or at best but partial success.

The censors reported the names of quite a number of applicants for membership, all of whom were admitted.

A motion was made by Dr. T. A. Graham that the meeting should adjourn, to reassemble at Jeffersonville on the first Wednesday in May, 1882.

After this motion the meeting adjourned, to meet in the Opera-house at 7:30 o'clock of the same day, to hear the lecture of Prof. J. M. Mathews, entitled Amusement from a Medical Standpoint, which was delivered to a large and intelligent audience.

After this lecture Prof. E. R. Palmer, of Louisville, made a short but very appropriate address.

T. A. GRAHAM, M.D., *Sec'y.*

* Dr. King's paper may be found in this issue of the NEWS, page 242.

Miscellany.

Morning Drams.—If there is one form of "drinking" more injurious than others it is that which consists in the frequent recourse to drams at odd times between meals. That there is a great deal of this sort of tippling in vogue can not be doubted, when we take cognizance of the very large and, as it would appear, the increasing number of young men and even women of respectable appearance who are to be met in the streets of London or any large city as early as noon already to an evident degree under the influence of an intoxicant. Discounting the multitude of such inebriated persons for habitual debauchees, and those who drink so deeply at night that they retain the effects of the poison until late in the following day, it is still only too plain that a considerable proportion of the staggering and half-unconscious or unduly excited individuals about are the victims of the morning dram. It is a serious question whether public houses should be allowed to begin the day before noon. It is surely unnecessary that workmen and workwomen should commence their potations earlier than the usual dinner-hour. As it is, no sooner have the bricklayers, painters, plumbers, plasterers, or carpenters engaged in the repair of a house returned from their breakfast and arranged their tools than they go or send for beer. The result of this early beginning of the drink-business is that before the afternoon has well set in they are apt to be practically useless or only able to labor with a great effort for self-control. While the doors of public houses stand open those who have money will enter and buy drink. Perhaps if the purveyors of intoxicants were not at liberty to commence their dangerous trade until just before the first meal in the day at which stimulants are legitimately taken, there would be a less common use of the "morning dram," one of the most mischievous "drinks" in which the multitude, especially the young, can possibly indulge.—*London Lancet.*

Carbolic-acid Poisoning.—Dr. Edward T. Reichert, as the first of a series of contributions to the study of the toxicology of cardiac depressments, in the Amer. Jour. of the Med. Sciences, considers the physiological effects of carbolic acid, and gives a summary of fifty-six cases of poisoning compiled from various sources. The analysis of this set of cases is of considerable interest, and establishes several points of importance. Beside the local symptoms of pain in the mouth, esophagus, and stomach, and frothing at the mouth or nose, there are, in cases of acute poisoning by carbolic acid, insensibility, difficult or impossible deglutition, a cold and clammy skin, stertorous respiration, a small, frequent, and intermittent pulse, contracted pupils, anesthesia, and a brownish, blackish, or greenish urine, as the most constant and characteristic symptoms. The nervous system is profoundly affected; convulsions appear almost constantly in the lower animals, less often in man; when they occur they are clonic rather than tonic, and are centric in their origin, probably spinal and confined to the motor columns. Upon the circulation the effects have not heretofore been thoroughly studied. "In man the heart generally presents strong evidence of the result of a decided and direct poison," for "the frequent, feeble, and intermittent pulse so frequently noticed in man is strong evidence of a decided depressant action upon the heart; as is also the slow and feeble pulse, which at times has been noted." The local action upon the alimentary canal is that of a corrosive irritant poison, and causes a white eschar, the skin and mucous membrane becoming cornified.

The smallest dose which proved fatal was one dram, in a man of sixty-four years; yet two children who had each taken the same quantity recovered. Death sometimes occurs apparently from shock when a large dose has been taken, usually it results from cardiac paralysis or asphyxia.

In the treatment, demulcents, oil, milk, and eggs with the administration of alkalies, especially saccharated lime, or the alkaline sulphates constitute the most reliable agents to be used. The hypodermic injection of apomorphia may be resorted to in order to empty the stomach.

The Nervous Symptoms of Lithemia.—Among the subjects which have been of late more clearly recognized is that of lithiasis or lithemia. Able researches have done considerable to direct the attention of the medical mind to it, and the outcome is that it is now distinctly known that a state exists which is closely allied to gout; a half-gout that does not bring with it the inflammation, pain, and obvious swellings of the gouty paroxysm, but which works more silently, is characterized by the abundance of lithic acid or lithates in the urine, frequently coexists with signs of ill-assimilation of food, and

with aches and pains unaccompanied by any perceptible changes of the aching part. Hepatic derangement is also often found; and from this end of the chain the links are stretched through many vague, almost nameless, symptoms to outbreaks of true gout, or to structural change in heart, vessels, and kidneys. To the peculiar, often obscure, nervous symptoms arising from this condition of the blood, attention is pointedly directed by Prof. Da Costa in a clinical paper in the Amer. Jour. of the Medical Sciences. One of the most prominent symptoms, according to Da Costa, is vertigo. This, properly speaking, is not the *vertigo a stomacho læso* of Trousseau, although gastric derangement may be associated with it, having but little connection of a direct character; or one may exist independently of the other, as well as of the more obvious symptoms of lithemia. Each symptom of the disease is carefully studied by Dr. Da Costa and the salient points in the clinical history are illustrated by a number of original cases. In the treatment the correction of the state of the blood is of primary importance. Careful regulation of the diet, reducing both nitrogenous elements and hydrocarbons, forbidding alcoholic drinks and allowing plenty of water, while systematic exercise, especially in the open air, and due attention to the state of the skin are all essential. Medicines favoring excretion—purgatives—especially the natural mineral waters, which at the same time are diuretic, are to be preferred. Citrate of lithium is particularly serviceable, iodide of potassium and colchicum less so; while remedies having a direct action upon the nervous system, as Da Costa points out, are to be avoided or used very sparingly, and as a rule to be reserved for special occasions.

Why Does Labor Come on?—Dr. A. Geyl, of Dordrecht, has, in the *Archiv für Gynäkologie*, applied the Darwinian theory to answer the questions to which so many more or less imperfect replies have been given: Why does labor come on? and, Why does it come on at the end of the ninth month? Dr. Geyl's view is this, that it depends upon an inherited tendency to expel the child as soon as it has reached the stage of development most favorable to its separate existence, and yet permitting of its passage through the pelvis. A woman with a tendency to expel the child too soon, before it was properly viable, or to retain it too long, till it was too big to traverse the pelvis, would not of course transmit this peculiarity to any descendant. And it is obvious that the offspring of those mothers who expelled their young at precisely the most favorable time, when the greatest degree of development compatible with safe delivery had been reached, would have a much better chance of surviving than those born a little too early or too late. Dr. Geyl explains the wide differences in the duration of pregnancy by supposing that peculiarities in this direction are transmitted; i.e. given a race of women with small pelves, it would be to the advantage of that race, if with the small pelvis went a tendency to the expulsion of the child before it got very big; in the absence of that tendency the race would die out. If this were the only cause it is plain that in the same woman pregnancy ought to always last nearly the same length of time. Dr. Geyl adduces some, but very incomplete, evidence in support of his theory. The theory, however, if true, is not an explanation. We have yet to know the mechanism by which such adaptation is effected.—*Med. Times and Gazette, September* 17, 1881.

Bad Complexions, Rough Skins, and Bald Heads.—No one can fail to have noticed the accumulating evidence of the permanent injury done to the "appearance" by the artifices to which vanity impels the multitude to resort. Bad complexions, blotchy and rough skins, deficient eyebrows and eyelashes, and bald heads are becoming common characteristics not only of the frivolous or dissipated classes, but of the respectable and sedate community as a whole. These are the consequences of that hurtful recourse to washes, soaps, powders, hair strengtheners and producers and depilatories, which has become general of late years. The public were warned, but they would not take heed, and now they are reaping the fruits of their folly. The fact not sufficiently recognized is that the very measures adopted to remedy the defects and remove the blemishes to which we allude perpetuate them. If instead of using the thousand and one adjuncts for the toilet or applications which are represented as sure to mend the existing state of matters, persons who suffer from these evils would abandon the search for special remedies and simply substitute ordinary soap and spring-water for the elaborate and costly preparations which they now employ, all that *can* be done to promote the recovery of a healthy state would be accomplished. It is amusing to note the ingenuity

and enterprise lavished by sufferers and their would-be benefactors in the devising and production of fresh remedies for these surface-troubles Scarcely a week passes without the introduction of some new preparation to undo the injury which previous preparations have done. The medication of the skin and its appendages has fallen into a vicious circle which needs to be interrupted and its dupes rescued and set free.—*London Lancet.*

The Tri-State Medical Society of Illinois, Indiana, and Kentucky, which met in Saint Louis, October 25th, 26th, and 27th, did not have as good an attendance as it should have had. It almost seems as if a great many members had preconcerted not to come, in order to make the showing as poor as possible. However, the meeting was a success so far as good and earnest work was concerned. The Mississippi River Convention through its committees invited the members of the Tri-State to participate in all its entertainments, a compliment which was duly appreciated and acknowledged by fitting resolutions.—*St. Louis Med. and Surg. Journal.*

Spontaneous Combustion by Nitric Acid. In consequence of the burning of a car during the fall of 1879 on one of the railways in Baden, which was suspected to have been caused by nitric acid, Professor R. Haas, of Carlsruhe, was called upon by the government to report whether that acid could produce combustion or not. In the experiments made to solve this question the conditions which might be supposed to exist in freight cars containing nitric acid were imitated as far as possible. Small boxes of a capacity of ten to sixteen quarts were charged with variable proportions of hay, straw, tow, and blotting-paper—all of which substances are used in packing—and placed within larger boxes, while the space between them was filled with hay or tow to prevent too rapid a radiation of heat, because the experiments were to be conducted in the open air, and the outer box at the same time represented the walls of a railway car. The material contained in the inner box was now saturated with acid, and rather slightly compressed so that when the cover was put on it was pretty well filled. At first reddish and afterward whitish vapors were given off, finally a distinct smoke. Upon lifting the cover strongly-glowing patches could be seen, which rapidly increased all through the contents, and which broke out in bright flames on access of free air or gentle fanning. With red fuming acid or with acid of specific gravity 1.48 these results were obtained very rapidly and within a few minutes. With ordinary acid, of specific gravity 1.395, it required somewhat more time, and the action was less energetic in the beginning; but in three different trials, after about twenty minutes, the same result was finally obtained, provided the material was packed tightly in the box, and was thoroughly saturated in its successive layers.—*Oil and Drug News.*

Prize Essay of Kentucky State Medical Society.—The Committee on Prize Essays for the Kentucky State Medical Society has decided to offer fifty dollars for the best essay embodying the results of original experimental research, or original clinical observation on the nature, mode of propagation, pathology, and treatment of scarlatina.

Competing essays must be the composition of and in the handwriting of the authors, who must be members of the Kentucky State Medical Society. They must be marked by a motto or character accompanied by a sealed envelope bearing the same motto or character, inclosing the author's name. They must be sent to the chairman of the committee before the 15th of March, 1882.

The committee may reject any or all essays presented. Should an award be made the successful essay shall be read to the Society on the morning of the second day of the annual meeting, after which the chairman of the committee shall open the sealed envelope, make known the name of the author, and award the prize.

D. S. Reynolds, M.D., *Ch'n.*
Henry M. Skillman, M.D.,
Charles H. Todd, M.D.,
David W. Yandell, M.D.,
A. R. McKee, M.D.,
Committee.

A new medical school has drawn from the Canada Lancet a bit of warning to its faculty: "They will find it, however, no bed of roses even under the most favorable circumstances, no sinecure, no crown of glory, but plenty of drudgery and very little for it. We speak from nearly twenty years' experience in connection with a comparatively successful medical school."

Dr. Lewis S. McMurtry, of Danville, has accepted the chair of Anatomy in the Kentucky School of Medicine.

Selections.

Alcohol: Its Therapeutical Uses Internally and Externally.—Bartholow's paper on this subject, read before the Philadelphia Medical Society, and published in the Medical Times, July 16, 1881, contains a number of interesting points. As a stomachic tonic, he says, alcohol is effective only in the case of those not habituated to its use. It should be given properly diluted, and administered immediately before meals in order to stimulate digestion; for the action of alcohol as a stomachic tonic consists in the power it has to cause a prompt congestion of the mucous membrane, and the increased activity of the gastric glands is a necessary consequence. A catarrhal state of the mucous membrane is produced and a pathological secretion obtained by long-continued use. When alcohol is used to promote the nutrition in general, it should be administered during and after meals. The quantity should be sufficient to stimulate the gastric glands, and yet short of the strength necessary to precipitate the pepsin. The amount required in wasting diseases—as in chronic suppuration and phthisis—will be more, and it will be better borne than in other chronic maladies of a depressing kind. The best results are derived from half an ounce to an ounce of whisky or brandy taken during or immediately after meals; for thus the stomachic tonic effects and the full value of alcohol as a food are obtained. Amylic alcohol has no specific action in consumption. In certain diseases of the digestive tract, alcohol in its various forms is highly useful. A tea- to a tablespoonful of raw brandy will sometimes check obstinate vomiting not dependent upon inflammation of the stomach. In the vomiting of uremic intoxication, and especially of yellow fever, a dry champagne or our native sparkling wine may be very successful. A simple diarrhea may be checked by giving brandy. In cholera infantum we have in brandy the most generally efficient curative agent. Infants bear a relatively larger quantity of alcoholic stimulants, but it is not known that large doses of brandy are singularly efficacious in this disease. Dr. Bartholow has given half a teaspoonful to a teaspoonful of cognac brandy every three hours to a child under one year, and above that, to three years, one to two teaspoonfuls. It should not be given in milk, but in water as warm as possible and as remote from the time of food-taking as possible.

In the atonic dyspepsia of the sedentary and the feeble digestion of the convalescent, alcohol is useful in a high degree. A wine of good body and decided bouquet has been found very efficacious in the weak digestion of literary and nervous sedentary persons. In the case of a convalescent a spirit is preferable to a wine. To the literary and nervous invalid class the wine proposed is especially grateful, and they are responsive to a high degree. As the wine is to play the part of both stimulant to the digestive organs and a food for the nervous tissue, the best results are had from a generous wineglassful taken during the principal meal. The kind of wine selected must be determined by several considerations. If the organs simply require stimulation, a good dry sherry or Burgundy may be best adapted to the case; if an excess of acid be present, due to the fermentation of the saccharine and starchy foods, a sweet wine is objectionable, but then an acid Rhein wine of high alcoholic strength—as, for example the Förster Reisling—may be serviceable in a remarkable degree. For the weak digestion of convalescence it is well known that a considerable quantity of spirit is borne well and required. In both groups, but in an especial degree in the nervous and depressed invalid, the effect of alcoholic stimulation is peculiarly grateful and seductive; hence the danger of the alcoholic habit and the need of circumspection in prescribing a remedy which may be so abused. It is a cardiac and arterial stimulant acting first by reflex, i.e. the diastolic interval is shortened by its influences; secondly, the power of alcohol to increase the rate of the heart's movement is explained by the fact that the oxidation force generated is utilized by the cardiac ganglia. Small doses stimulate the circulation, large doses have the opposite effect; therefore, to overcome cardiac depression the stimulant must be administered in small quantity but frequently. In many cases a wine of good body, highly charged with enanthic and other ethers, is preferable to a spirit.

Referring to the practice adopted by Dr. Sands, of New York, of inducing alcoholic intoxication as a preparation for the administration of ether or chloroform to prevent shock, Dr. Bartholow regards it as good practice if the heart is sound and the full anesthetic state is desired. He regards it highly improper to inject brandy or whisky subcutaneously with a view to stimulate the respiratory and cardiac centers in chloroform or ether narcosis—indeed it contributes to a fatal result.

The antipyretic effects of alcohol involve more doubtful questions than the therapeutical effects heretofore considered, but the weight of authority is unquestionably in favor of the view that alcohol in large doses depresses the temperature. In the treatment of acute inflammations and fevers we may employ alcohol as an antipyretic to depress the abnormal temperature, or as a support to the circulatory system and a stimulant to the digestive function. In the former case large, and in the latter small doses, are necessary. Alcohol does not compare with the cold bath, with quinine, even with digitalis, as an antipyretic. It does good when the tongue changes from dry to moist, when the stomach can receive and digest more food, when the pulse declines in rapidity and gains in force, when the surface grows moist and cool from hot and dry, when the delirium ceases and an expression of intelligence replaces blank stupor. Alcohol as an antiseptic is well known to be effective in the septic maladies; it must be administered in large doses. There must be maintained, in a certain sense, a saturation of the blood to act on the *materies morbi* efficiently.

The power of alcohol to coagulate albumen, to suspend the activity of the unorganized ferments, and to destroy the minute organisms, lies at the foundation of its external uses. It is a most efficient hemostatic to restrain bleeding from wounded surfaces. "As an antiseptic dressing to wounds to prevent the entrance of the germs of putrefaction, to check suppuration, and to promote healing," says Bartholow, "it has scarcely been inferior to the much-vaunted carbolic acid. It is an efficient means for procuring local refrigeration of an inflamed joint or swelling. Injected under the skin in the neighborhood of painful nerves, it has no inconsiderable anodyne power. This property may be utilized for the relief of myalgia and lumbago. It is more efficient than water, used by the method now known as aquapuncture. Enlarged tonsils, hypertrophied thyroid, and glandular swellings may often be slowly reduced and made to disappear by the parenchymatous injection of alcohol.

This method is also applicable to the treatment of uterine fibroids."

In the same issue of the Medical Times Dr. Henry C. Wood, in referring to alcohol as a food, expressed the opinion that in many cases of illness, and in those periods of life when by reason of age the body waxes weak alcohol is possessed of great virtues. He believes the moderate employment of stimulants is very useful to individuals past the age of sixty years. In the later years of life even the narcotic influence of alcohol is of great value, easing the restlessness due to slight discomforts, and the suffering of nerve-failure incident to failing vitality. In chronic diseases malt liquors have both their advantages and disadvantages. They represent food and drink, are less apt to be abused than are stronger liquids, and by virtue of their bitterness have some tonic properties. The tendency to grossness seen in beer-drinkers undoubtedly largely depends upon the solid constituents of the beer which is taken, and seems to indicate the proper medical use of malt liquors, viz. that they are especially to be employed in wasting diseases, i. e. where there is a tendency to the loss of the bodily fat. As the malt liquors contain nutritive material, it is less necessary to give food with them than it is with whisky or wines.—*Medical Record.*

Coca a Cure for Morphinism.—*La Independencia Medico* quotes the following case: A lady had been in the habit of alleviating her sufferings with morphine, of which drug she finally took sixteen grains a day. Thirty hours after having taken her last dose she was found in a condition of great anguish, excitation, and inquietude. During the night chloral hydrate and iodide of potassium were given to allay the excitation and produce sleep. The next day she was very weak and restless, hardly able to speak, and tormented with vomiting; the pulse was 150. The fluid extract of coca was administered in doses of a tablespoonful. The first dose had but little effect. The second was followed by a wonderful change; the pulse fell to 85, the countenance assumed color and animation, and the vomiting ceased. The patient began to speak, and was in excellent spirits. She slept almost half of the following night, awoke refreshed, with a pulse of 75, took breakfast, and digested it well. She continued to improve, rode in a carriage for quite a distance, and left the city next day, taking with her an eight-ounce bottle of coca, which remedy she continued to take in diminishing doses, When she ceased taking it she was enjoying good health, without the use of morphine.—*Med. Record.*

Administration of Cinchona to Children.—Having had several cases of intermittent fever lately in the Enfants Malades, Dr. Jules Simon addressed some observations (*Gaz. des Hop.*) to his class on the above subject. It is seldom, he observes, that powdered bark is given to children; but still it is sometimes given, in *café noir*, after the age of four or five, in quantities of two or three grams (thirty to forty-five grains) daily. He prefers one or two grams daily of the soft extract for children when more than two years old. Before that age it causes indigestion, as does also the vinum cinchonæ. Even the syrup can scarcely be borne while the child is still suckling. After the second year the vinum is a very good medicine—that is, on the condition that it is prescribed properly. We may often see pale, anemic little girls for whom bark wine, iron, or phosphate of lime, etc. has been prescribed, and has done more harm than good. Certainly for the first few days a dessertspoonful of cinchona wine given before a meal (as it is generally ordered) will produce a stimulus and a better appetite and tone; but the improvement is only temporary, and we soon find that the appetite is lost again, pains of the head supervening, and the child becoming nervous, etc. Why is the improvement of so short a duration, and more apparent than real? Owing to a slight precaution being forgotten—the dilution of the cinchona wine with a little water. So diluted, and administered immediately before the meal, it will not cause any inconvenience. Still, if, in spite of the addition of a small quantity of water, dyspepsia and headache should still supervene, or if constipation should occur, the cinchona should be suspended for a time. This addition of water to the wine is of very great importance, as is the suspension of the medicine when any great susceptibility exists; and the observation holds good also with regard to quinine wine. Syrup of cinchona is a tonic which may be given to a child after its fifteenth month, and the alcoholic tincture may be begun with after the second year—associating it advantageously with bitter preparations. The action of cinchona on the alimentary canal is complex, giving tone, appetite, and slight constipation when properly administered, and inducing dyspepsia when given badly. It renders the pulse stronger, fuller, and more regular, and aids the development of the blood globules. It acts favorably on the nervous system when properly prescribed, but only does mischief when the precautions mentioned are not observed—producing stomachal vertigo and an irritability of disposition. Cinchona also has the property of diminishing the urinary secretion, and is contra-indicated in cases in which this is deficient.

Of the salts of quinia the sulphate is the only one Dr. Simon employs, giving it in powder in *café noir*, or, when the child is old enough, in a water. Owing to its bitterness it may be given in silvered pills of a centigram (one sixth of a grain) each, which can be concealed in preserve. When the child refuses it thus it may be given in solution, facilitating its tolerance and preventing griping by a little opium, which does not interfere with the effect of the quinine. It is best given immediately before meals. Quinine may also be given advantageously in an enema in rather larger doses and combined with a drop of laudanum. Used externally in the form of an ointment made up with equal parts of lard, the quinia is only found in the urine by the third day in children above two years of age, and somewhat earlier in those who are younger. —*Medical Times and Gazette, September* 17, 1881.

To Prevent Laceration of the Perineum During Labor.—Dr. Mossman (Am. Journal of Obstetrics) claims that by artificial dilatation of the perineal structures before the head reaches the floor of the pelvis laceration may be prevented. In uncomplicated labor his method has never failed to prevent rending even so much as the mucous membrane covering the inner sides of the forchette. His directions are as follows: Anoint the vagina as far as the finger will reach with melted lard and extract of belladonna; if the first stage of labor lasts for one or two hours, two or three such applications should be made. When the os is so dilated that the cervix is in no danger of laceration, begin at once artificial dilatation of the perineum. Applying the belladonna ointment freely, place one or two fingers in the vagina and make pressure lightly but continuously down-

ward and forward. When the head descends so as to press upon the perineum, remove the fingers from the vagina, and introducing them into the rectum, place the thumb upon the occiput of the child, pull the perineum forward and upward and press the head upward under the pubes whenever a pain comes on (Goodwell's method of protecting the perineum). When the pain ceases and the head recedes, apply the dilating force with the fingers in the vagina as before, alternating the pressure from within with the forward traction during the pain, and retarding the expulsion of the head until the dilatation is sufficient to allow the escape of the head without laceration. In Dr. M.'s opinion the shoulders rarely cause laceration after the head is safely passed.

Treatment of Nervous Palpitation.—In the Practitioner is copied the following from *Le Medicin Practicien:* Dr. Bouchut treats nervous palpitation by the method which he calls *congestive*, since it produces a congestion of the vessels of the upper half of the body. This plan instantly stops that form of palpitation of the heart which is not caused by organic lesion. The method first introduced by Dr. Hardier is as follows: The patient standing in the erect position, with his legs fixed and straightened, bends the upper half of his body rapidly forward so that his hands touch his toes; by this movement the head is lowered and becomes congested; the column of blood immediately runs into the tissues, and a sensation of fullness is perceived, due to increased arterial and venous tension. If the hand is placed over the cardiac region while the patient is in this attitude the palpitation will be found to have disappeared, while the heart has resumed its ordinary rhythm. The congestive attitude is not applicable to old persons, to those who are the subjects of chronic alcoholism, or, in short, to any one in whom there is doubt as to the integrity of the veins and arteries.

Treatment of Cardiac Diseases.—According to Prof. Renzi, bromide of potassium diminishes the anxiety of patients with heart-disease, and renders their respiration easier. Under its influence sleep is more tranquil, easier, and lasts longer. The number of cardiac pulsations and respiratory movements diminishes; the cough, however, seems to be aggravated by this remedy. Iodide of potassium succeeds better, particularly in ameliorating the respiratory symptoms and in overcoming dyspnea. Hydrate of chloral serves to overcome the insomnia in cases of heart-disease, but in general it does not diminish the dyspnea of cardiac origin. It tends also to increase cerebral torpor and somolence, and when combined with iodide of potassium it tends to produce a serious and persistent somnolence.—*Jour. de Med. de Paris.*

Injections of Pilocarpin in Edema of the Glottis.—At a recent meeting of the Société de Thérapeutique (*Bull. et Mém. de la Soc. de Thérap.*) Dr. Paul read a paper by Dr. F. Sorel, giving an account of a case of edema of the glottis where, other remedies having failed, one centigram (one sixth of a grain) of pilocarpin dissolved in a cubic centimeter of water was given. Slight perspiration resulted, with profuse salivation and cough, with the expulsion of large plugs of thick muco-pus. The relief was immediate. The injection was repeated a few hours later, and the next day two centigrams (one third of a grain) of the nitrate of pilocarpin were injected, giving rise to salivation and sweating.—*Med. Times.*

Boracic Acid Poisoning.—The prevailing opinion is favorable to the use of boracic acid in catarrhal affections of mucous membranes. Nobody apprehends poisonous effects from this remedy. Mododewkow, of Moscow, relates two cases of fatal poisoning that are well calculated to disturb the assurance of safety in the use of boracic acid. A patient with a pleuritic exudation was tapped, and the cavity subsequently washed out by injections with a five-per-cent solution of the acid, a part of which was allowed to remain in the pleural cavity. A similar operation was performed upon a lumbar abscess. Both patients soon complained of nausea, followed by incessant vomiting and hiccup. An erythema appeared in their face, whence it rapidly extended over the trunk and extremities. The temperature was but passingly increased and sunk to 36° C. The pulse became filiform, and cardiac paralysis supervened with symptoms of utter exhaustion. The autopsy of the second patient exhibited punctated ecchymoses upon the anterior wall of the right ventricle, otherwise nothing remarkable. Morphine exercised no control over the emesis. The mind of the patients was at no time clouded.

Method of Introducing Food and Medicine by the Nostrils.—M. Fernet (*Revue de Thérap.*) wishes to popularize the method of introducing liquid or semi-solid elements, and certain drugs, by the nostrils. The author has seen it employed successfully in newly-born infants too weak to take the breast or milk from a spoon. He proceeds as follows: The patient being laid on his back, a little raised, the end of a spoon, or, better, the spout of a close vessel is brought near to one nostril, and its contents poured in gently at intervals. The liquid slides over the floor of the nasal fossæ and the roof of the palate, and reaches the pharynx, where it induces movements of regular deglutition. If the operation be well done the liquid never returns by the other nostril. This method may be applied in certain cases of apoplectic coma, when the patient can not drink for three or four days successively, in the tuberculous meningitis of children, etc.—*London Medical Record.*

Influence of Quinine on Glycosuria.—Jules Worms, M.D. (Paris) (British Med. Journal), says: The form of disease described is not diabetes, but is due to nervous exhaustion. I have been led to give quinine in doses of twenty centigrams twice a day. I have given it in about thirty cases, continuing for fifteen or twenty days. The treatment had been invariably followed by marked diminution in the quantity of sugar excreted. Many suffering from this disorder spontaneously resume the treatment from time to time, and are conscious of an increase of functional activity while taking the alkaloid, this being coincident with a diminution in the amount of sugar excreted.

The Utility of Strychnia as an Expectorant. J. Milner Fothergill (British Med. Jour.) says: The experiments of Rokitansky have shown that strychnia is a powerful stimulant of the respiratory centers, and I have arrived at the same conclusion from experiments upon rabbits. When the respiratory center was paralyzed by aconite the injection of strychnia exercised a most potent influence in restoring the circulation. I have used it clinically with much success, when the respiration was embarrassed, in acute bronchitis with difficult expectoration, in chronic bronchitis and emphysema, and when the right ventricle was dilated, it added to the efficiency of digitalis.

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

THE DOMESTICATED BACTERIA OF UTOPIA.

In view of the important contributions to knowledge made recently by Pasteur, it is within the bounds of probability that within a few years a special artificial "vaccine" may be discovered for scarlatina, measles, and other acute infectious fevers of man.

A novel prediction allied to this has recently been made by Professor Pettenkorfer before the Society of German Naturalists. The influence exerted by the soil as a hygienic factor has been with him a favorite study. In a recent address he reiterated the theory of cholera with which his name has been long identified. He still holds that an epidemic of this disease is the result of certain relations of the ground, its water and its organic matter. By this theory he accounted for the remarkable immunity enjoyed by Lyons during the cholera years. This is so uniform an experience that dwellers in neighboring cities in times of danger resort to Lyons as a place of refuge. He thinks that theories of production in or transmission by air direct or by water fail to account for the security of Lyons. It is not considered better off in water-supply or exposure to contagion than other cities. He holds the view that in infected places the porous soil open to the reception of diarrheal filth allows of easy diffusion by underground currents in water of the specific organisms which breed there and engender cholera in man. He thinks it not unlikely that some soils are already occupied by benign bacteria to such a degree as to render them sterile to noxious bacteria when introduced from without. Said he, these lowest representatives of organic life can therefore be made useful to us, and we must not be surprised if in future times the useful bacteria will be actually cultivated, and those only which are noxious thwarted in their struggle for existence. By domesticating the innocent forms in the soil under our houses the supply of organic matter may be so exhausted that the diseased bacteria will not have the common necessities of life, and will therefore be literally starved out.

It is rather a happy thought to fight these infinitely terrible mites with good fellows of their own size. It recalls Dr. Beale's scornful allusion to this kind of sport as "the hunting and extermination of hypothetical bacteria," which he thought a vain pursuit, "even though it were possible to catch and exterminate millions."

"DOCTORS WILL DIFFER."

One of the dicta of English sanitary enthusiasts is to the effect that scarlet fever, that scourge of childhood, is as much under the control of wise sanitary measures as yellow fever, and that government should make strenuous efforts to stamp it out by disinfection and isolation.

In the Medical Record of October 15th Dr. Henry M. Lyman defends with a trenchant pen the thesis that in England the effect of sanitary administration has been to increase the severity of its attacks and the percentage of mortality. He holds that in a country where this disease is endemic, and where there is reason to believe that it will continually originate, it is a worse thing

for the community to become filled by artificial protection, with people who are liable at any hour to be prostrated by this disease, than it would be to submit the human body during the training time of youth to the ordeal of exposure that all must bear who become fit to survive, and which appears in the long run to make a race tolerant of contagion.

This issue of the NEWS illustrates again the truth of the adage which heads this article. A few weeks ago Dr. Speed read a paper before the Louisville Medico-Chirurgical Society on Hygienic Surroundings. The paper was received with enthusiasm, and its publication in the NEWS suggested. It has been read with some interest and generally with approbation. To push the points home some striking analogies were presented. Of course reasoning by analogy is not as valid as a demonstration, but in the absence of proof to the contrary it is legitimate and carries a certain amount of force. One of the analogies, the "granite plat in the heavens," which precludes the generation of morbific agencies, was given as an illustration of the value of cleanliness. The other was the "One-hoss Shay" of Dr. Holmes, and was alluded to as an illustration of the absurdity of attempting by any sort of sanitation to perpetuate the lease of life.

The same mail which brought a private letter from Dr. Charles White, of New Orleans, the president of the American Public Health Association, saying, "I thank you for this paper, 'granite plat in heavens'! Good capital; it will live in the future," brought also the communication from Dr. Griswold which appears in this number. Dr. Griswold repudiates much of the wild sanitary teaching of the day, and we think takes Dr. Speed rather too literally in his objection to the two analogies mentioned above. Heavenly conditions on earth are certainly utopian, and doubtless Dr. Speed would say that, like all dreams of utopia, it serves to illustrate the perfect idea toward which all should strive, without, however, any hope of complete realization.

Original.

OBSERVATIONS ON "HYGIENIC SURROUNDINGS."

BY RUFUS W. GRISWOLD, M.D.

PART I.

The LOUISVILLE MEDICAL NEWS of October 29, 1881, has in it a paper read before a medical society in Louisville by Dr. J. J. Speed, a professor of the Hospital College of that place, entitled "Hygienic Surroundings." I have a fancy to criticise some points in it as not being tenable in the logic of facts that present themselves to the consideration of caustic inquiry. Without attempting to controvert the general principle involved in the paper, that what are known as hygienic surroundings bear some relation to the matter of health, I object to it on the ground that upon that point there is quite too much that is assumed and too little that is proved. No more widespread epidemic delusion has ever possessed the medical mind of the world than the present one that faulty and vicious surroundings within our control are the almost necessary and essential factors of the great majority of cases of most forms of zymotic disease, and that it is only required of us that we thoroughly correct the faults and these forms of disease will vanish. We are very gravely told by men who assume to be the deepest thinkers in the profession that our sicknesses are the outcomes of local faults; that if we have typhoid or typhus or intermittent or dysentery or diphtheria, etc., we have only ourselves to blame for it; that if we will correct our sewers, our sink-drains, our cesspools, our privies, our pig-pens, our mill-ponds, and our autumnal rubbish, the millenium of health will descend upon us—we shall be immediately in the center of that heavenly Hygeia where sickness will no longer intrude and only the decay of old age will make any demand for coffins. The oncoming physician is not to be educated to the cure of diseases, but to the prevention of them; and when that oncoming physician and the world's people under his enlightened and watchful care shall become worked up to the full establishment of this beneficent hygiene, the manufacture and sale of drugs will retire into oblivion. Pills, plasters, and powders will no longer be parts of our portion and life will be wonderfully and happily prolonged. Pleasant delusion, but the basis of it is not sufficiently substantial.

The general line of argument in the paper of Prof. Speed is in substance a copy of what is readily to be met with every day, not alone in the medical and sanitary press but in the "public" press as well. Even the intellect that bestrides the tripod of the cross-roads country paper, no matter how profound its imbecility, has become the educator of the public mind in hygiene as well as in politics, religion, and morality. As illustration, take these few lines from a recent Connecticut daily on the matter of public health: "It is the old question of unwholesome sanitary conditions—bad drains, bad plumbing, bad sewerage, and the like; things that have come from ignorance or parsimony, and that breed typhoid and malaria and scarlet fever and diphtheria." This has the exact tinkle in it that we hear every day, and often from sources whence we might legitimately expect something more than the bald assumption. True the assumption is sometimes accompanied by illustration and argument, but the illustrations fall short of proof, and the arguments are fallacious.

Says Prof. Speed, "We are taught and we believe that in proportion to our control over (man's) surroundings exactly in that proportion is our assurance of health. To heat and moisture and decomposition we look for the source of many of our most fatal maladies. . . . Take care of your surroundings, secure perfect cleanliness, and thus preclude the formation of *materies morbi*." "The more thoroughly your grounds are drained and your houses are cleansed the greater is your immunity from disease. . . . Cleanliness and drainage seem to forbid—preclude—the existence of a deleterious atmospheric condition. . . . Perfect cleanliness forbids malaria." So much is assumed, and for argumentative proof of the truth thereof the professor adds, "New Orleans under military rule was free from yellow fever, *because* military rule kept her streets and her alleys clean." This is a fair example of the assumptions in etiology every day made, and a fair illustration of the kind of evidence adduced to prove the correctness of the postulate. Let us look at it a little.

And first, as to the illustration, it is but fair to say that the professor need not have confined himself to the single illustration above quoted to establish the claim advanced. With a little time spent in hunting current medical literature a thousand equally as good might have been presented, and all equally fallacious. When during the war a Northern army was shipped to New Orleans, there was manifested more concern lest it should meet there the devastating potency of the yellow fever than the potency of Confederate rifles and rams. The unprincipled but sagacious civilian general at the head had the town cleaned up as a prophylactic measure. There was no yellow fever, and from thence on we have been so often pointed to the event as a remarkable example of the great uses of cleanliness as a preventive of anticipated disease that its iteration has become nauseous.

Now what are the facts? Yellow fever in New Orleans is not the rule; it is the exception. There had been years and years—rows of them—when there was no yellow fever in the city, neither had there been any cleaning *a la* the mode of General Butler. There is not the slightest proof—there is not even a respectable modicum of evidence—that the cleaning up had the most remote relation to the absence of the disease save as a mere coincidence. If the city in all the years of its previous existence, without the exhibition of that special kind of prophylactic effort, had been annually visited with the fever, and in that particular season there had been none of it, there would have been a strong probability that the cleaning had been happily efficacious; but even then it would have lacked that degree of positive proof essential to the establishment of an incontestible fact. To establish the benefit of the sanitary proceeding as a fact, there should have been a series of seasons without cleaning, and in them all the presence of the disease, with another series of cleanings and in them all the absence of the disease, and this often repeated. But so far from having any thing of this sort, or any thing the most distant approach to it, we have presented to us a single year of so-called sanitation, with the rule of absence of fever, as an evidence of what scientific effort in the removal of dirt can effect? It is scarcely necessary to say that the deductions drawn from this kind of evidence are fallacious, and that the argument contained in them is but flimsy trash; and yet it is the kind of thing to which we are daily treated by the professors in our schools, by writers in our journals, and especially by our sanitary engineers laudably desirous of some lucrative job.

To pursue this point a little further, and in the hope of interposing a small amount of obstacle against the reception of untenable inferences such as we have noticed, the

point is worth pursuing, let us take this example: A few months since there was going the rounds of the medical papers somewhat upon the benefits of intra-uterine injections after childbirth as a preventive of puerperal septicemia. One writer upon the subject, quite enthusiastic and convinced, related in evidence of the great good to be had out of the procedure the fact that he had used intra-uterine injections in thirty consecutive cases of midwifery without the occurrence of puerperal septicemia in a single case. Very good evidence of the efficacy of the treatment it might seem, and yet a little examination will show that it was no evidence at all. It is probable he would have had no septicemia omitting the injections. The probabilities of that were to me backed up by the fact that in a practical experience of six hundred cases of childbirth, in not one of which had I ever used intra-uterine injections, there had been no cases of puerperal septicemia. If in these cases a gill of New England rum had been emptied upon the abdomen of each of the mothers, the conclusion that the rum had prevented the septicemia would have been quite as legitimate and rational as the conclusion deduced from the use of carbolic-acid injections in the thirty cases spoken of above. The illogical logic which deduces a relation of cause and effect from such coincidences does not bear critical examination. It is a logic which underlies numberless superstitions, and seems to establish them, in fact does establish them, in thousands of minds content to examine only the surface; but it ought not to be sufficient to satisfy the intelligence of a profession which pretends at least to be built up upon scientific truths. The medicinal efficacy of the incomprehensible infinitessimalism of the homeopath is reared upon a basis just as sensible. The rational physician who is content to draw his conclusions in etiology and hygiene from similar grounds should not ridicule the followers of that magnificent humbug.

ROCKY HILL, CONN.

THE COLOR-BLIND.—At the conclusion of his address before the Section of Ophthalmology, International Medical Congress, Mr. Bowman dwelt upon the importance of the necessity of enforcing sufficient, frequent, and uniform test-examinations of the sight and of the sense of color in all persons engaged in the working of signals by land or by sea.

Correspondence.

Editors Louisville Medical News:

About fifteen years ago the late Dr. John D. Jackson gave me two steel engravings representing respectively the Village Doctor and the Village Priest. The former showed a muffled figure, mounted upon a brave and sturdy little horse, struggling at dusk through a furious snowstorm, and carrying a lantern in one hand. His face is half revealed and is refined and noble. In wandering about I lost this picture years ago, but it left an ineffaceable impression on my mind.

The British Medical Journal of October 1, 1881, contains some French verses upon this subject copied from the Paris Figaro. I venture to offer you a rough but almost literal translation of them.

STANHOPE P. BRECKINRIDGE, M.D.

CHATTANOOGA, TENN., November 6, 1881.

THE COUNTRY DOCTOR.

He is the country doctor,
Obscure, ignored, misunderstood.
Devotion is his lot in life.
Some one suffers; he is there.

It is night, and over the country
Snow spreads its white and icy shroud.
What matters? A shepherd comes with it;
The children await him on the threshold.

He enters the humble cottage.
No bread; often no bed to lie on!
Upon a pallet the poor mother writhes.
He appears; he consoles, he cures her.

O, brother! health to thee, whose modest life
Is one long sacrifice; to thee whom men forget,
But who in thy heart's depth dost always find
A courage equal to thy thankless task.
Yea, health to thee, dear brother. Christlike
Unto the poor below, thy recompense is above.

Editors Louisville Medical News:

In the NEWS of November 8, 1879, and in the Transactions of the Indiana State Medical Society for 1881, will be found a description of my modification of Prof. Haines's test for grape-sugar in the urine. In these papers I state that my solution of copper in glycerin will remain unchanged for an indefinite length of time. I find, however, that a solution made in October, 1879, although unchanged in appearance, gives a considerable precipitate when boiled with a caustic alkali. This solution, which has served me for many tests, was perfectly reliable a few months ago.

This experience prompts me to suggest to physicians who use the glycerin solution to

make a fresh solution at least once a year, so as to have a reliable test-liquid always on hand.

The following rough method of applying the glycerin test will be found very convenient for those who do not keep the regular test-solutions: One or two drops of glycerin are dropped into a test-tube; a few drops of an aqueous copper sulphate solution are added, then about five or six times this quantity of liquor potassa is poured in and the whole boiled. The urine is then gradually dropped in, and if sugar be present the yellow or reddish color will suddenly appear.

L. S. OPPENHEIMER, M.D.

SEYMOUR, IND., November, 1881.

Reviews.

Eczema and its Management: A PRACTICAL TREATISE BASED ON THE STUDY OF TWO THOUSAND FIVE HUNDRED CASES OF THE DISEASE. By L. D. BULKLEY, A.M., M.D. New York: G. P. Putnam's Sons. 1881.

It has been said that if a book were written upon sulphuric acid and its relations it would embrace almost every chemical process of any importance. Of eczema it may with equal reason be said that to discuss it thoroughly is to go over almost the entire field of cutaneous medicine. Such is evidently the view of Dr. Bulkley, who has from this point of departure run his lines out to every skin-affection related either by resemblance or contrast. He has not attempted to make a brief statement of a few salient features, but with the relish of a successful enthusiast makes the most of his theme. He quotes as a key to the work a sentence from Fox: "The dermatologist must comprehend the nature of disease in general ere he can treat eczema successfully." Although his early training inclined him to adopt the teachings of the Vienna school on the local origin and pathology of eczema, he has been led by his own observations and reflections to urge to its furthest limits the constitutional as opposed to the merely local pathology and treatment.

In chapter second belief is expressed in the inheritance of gouty, strumous, and nervous states which predispose to this disease, though the disease itself has not given evidence of direct hereditary transmission. He finds in a large number of patients to whom special inquiry was addressed that malaria counts for very little as a cause.

In chapter third eczema is happily characterized as a catarrhal inflammation of the skin. The term catarrhal hits off neatly the feature of moist exudation which plays such a prominent part in the clinical history. The special phases of the eruption in different parts of the body are considered important enough to receive detailed description and explanation in connection with the localities. Nothing has been omitted concerning the treatment that can be considered of practical import. This feature will be highly appreciated by that wide circle of doctors called on to treat this disease so common and often so intractable.

A Treatise on the Diseases of Infancy and Childhood. By J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College, New York, etc. Fifth edition, thoroughly revised, with illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881. 8vo, pp. 829.

This well-known book has been accorded by common consent the rank of a standard. We shall not express any criticism of a work which by the rapid succession of its editions attests its value. The present issue has been revised and enlarged from the fourth edition which appeared two years ago. These facts will probably be enough to satisfy any doctor not acquainted with the work that it is well worth having in the library.

Books and Pamphlets.

WALSH'S RETROSPECT (October, 1881): A Quarterly Compendium of American Medicine and Surgery. Washington, D.C.

OVARIOTOMY DURING PREGNANCY. By H. P. C. Wilson, M.D., Baltimore. Reprint from Volume V, Gynecological Transactions, 1881.

OBSERVATIONS ON THE ORIGIN, CHARACTER, AND TREATMENT OF OINOMANIA. By T. L. Wright, M.D., Bellefontaine, O. Reprint.

EIGHTH ANNUAL REPORT OF THE SECRETARY OF THE STATE BOARD OF HEALTH OF MICHIGAN FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 1880.

ATRESIA OF THE VAGINA AND UTERUS. By A. F. Erich, M.D., Professor of Diseases of Women, College of Physicians and Surgeons, Baltimore, etc. Reprint.

ARTIFICIAL ANESTHESIA AND ANESTHETICS. By Henry M. Lyman, A.M., M.D., Professor of Physiology and Diseases of Nervous System, Rush Medical College, Chicago. (Wood's Library Standard Medical Authors, Vol. IX.) New York: Wm. Wood & Co. 1881.

LEFT SUPERIOR MAXILLA AND MALAR BONE REMOVED. By W. B. Rogers, M.D., Memphis, Tenn. Reprint.

THE USE OF HOT WATER IN THE LOCAL TREATMENT OF DISEASES OF THE EYE. By Leartus Connor, A.M., M.D., Detroit, Mich. Reprint.

ROCKY MOUNTAIN MEDICAL TIMES: A Monthly Journal of Medical, Surgical, and Obstetrical Science. Edited by Thomas H. Hawkins, M.D., and Frank A. E. Disney, M.D. Terms, $3 a year in advance. Denver: Edwin Price & Co., publishers.

THE SCIENCE AND ART OF MIDWIFERY. By W. Thompson Lusk, M.A., M.D., Professor of Obstetrics and Diseases of Women and Children in Bellevue Hospital Medical College, etc. With numerous illustrations. 8vo, pp. 700. New York: D. Appleton & Co. 1881.

ECZEMA AND ITS MANAGEMENT: A Practical Treatise based on the Study of Two Thousand Five Hundred Cases of the Disease. By L. Duncan Bulkley, A.M., M.D., Physician for Skin and Venereal Diseases in New York Hospital, etc. Pp. 342, price $3. New York: G. P. Putnam's Sons. 1881.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF STATE OF MARYLAND. Eighty-third Annual Session, held at Baltimore, April, 1881. Wilson G. Regester, M.D., secretary.

This year's volume is made very portly by having in the same cover a report of the celebration of the Sesqui-centennial Anniversary of the Founding of Baltimore by the Faculty at their hall.

WALSH'S PHYSICIANS' CALL-BOOK AND TABLET. Ralph Walsh, M.D., 322 C Street, Washington, D.C.

Its printed matter has been carefully selected with a view to get just what is needed in emergencies and at the bedside. The blank pages for registering visits are so ruled that they will accommodate a practice of thirty-five patients a week for one year, and can be commenced any year or any time of the year.

WALSH'S PHYSICIANS' HANDY LEDGER. Ralph Walsh, M.D., 322 C Street, Washington, D.C.

The Handy Ledger is a companion to the Call-book, and is designed to assist the hurried and busy practitioner in keeping his accounts.

Formulary.

AMENORRHEA.

In cases of this nature, due to torpid action of the ovaries, Dr. Goodell orders the following prescription:

℞ Ex. aloes..... ℥j; 4.00 Gm.;
Ferri sulph. exsic..... ℥ij; 8.00 Gm.;
Assafœt..... ℥iv; 16.00 Gm.

M. et in pil. No. c, divide.

Sig. One pill to be taken after each meal; this number to be gradually increased, first to two and then to three pills after each meal. If the bowels are at any time over-affected, the patient is to stop and begin again with one pill.

Where the amenorrhea is due to arrested development Dr. Goodell has derived the very best results from the constant use of Blaud's pill, as recommended by Niemeyer:

℞ Pulv. ferri sulph.....
Potas. carb. puræ..... } āā℥ij; 8.00 Gm.;
Mucil. tragacanth..... q. s.

M. et in pil. No. xlviii, divide.

Sig. To be given daily, in increasing doses, until three pills are taken after each meal.

This gives the large quantity of twenty-two and a half grains of the dried sulphate of iron per diem.

If these pills give rise to constipation, Dr. Goodell uses this formula:

℞ Pulv. glycyrrh. rad.....
Pulv. sennæ..... } āā ℥ss; 15.00 Gm.;
Sulph. sublim.....
Pulv. feniculi..... } āā ℥ij; 8.00 Gm.;
Sacchar. purif..... ℥jss; 45.00 Gm.

M. Sig. One teaspoonful in half a cupful of water at bedtime.

Where the suppression is due to change of habits and loss of health, tonics are employed. When the suppression comes on suddenly, from cold or exposure while in the midst of the menses, and is accompanied by severe lumbar pains, the patient is placed in a mustard hip-bath, a Dover's powder is administered, she is put to bed, and hot drinks are given to provoke copious diuresis and diaphoresis.—*Medical Record.*

TINCT. FERRI PERCHLORIDI.

Dr. Reed, Professor of Materia Medica in the Montreal College of Pharmacy, observes that, notwithstanding so many new preparations of iron have been brought forward, this old tincture still holds its place in spite of the unpleasantness of its taste. There is, he says, a simple method of dealing with it which is not so widely known as it deserves, and which consists in merely adding a little alkaline citrate. For every dram of the tincture add half a dram of citrate of potash. The liquid is then converted into a beautiful green color, and is quite free from the peculiar roughness of the iron. For a tablespoonful dose, containing ten minims, the prescription may be—

Tinct. ferri mur..... ℥ij; 8.00 fl.Gm.;
Pot. cit..... ℥j; 4.00 Gm.;
Syr. limon..... ℥jss; 45.00 fl.Gm.;
Aquæ, ad..... ℥ij; 60.00 fl.Gm.

Another advantage of the mixture is that astringent tinctures—as bark, gentian, etc.—may be added without decomposition.—*Canada Med. Journal.*

UNGUENTUM DIACHYLON HEBRA CUM PETROLATO.

The *Pharmazeutische Zeitung* reports that Prof. Hebra (now deceased) has of late been in the habit of substituting petrolatum (petroleum ointment) for the linseed oil formerly employed in his famous ointment, composed of lead plaster and oil. The combination is said to furnish excellent results.—*A. Vogler, Ph.D., in the Pharmacist and Chemist.*

SOMETIMES the interior of the nares feels very sore from erosions, or crusts are forming in consequence of catarrhal affections. Zinc ointment applied freely by means of a camel's-hair brush acts like a charm, a single application often being sufficient.—*Ibid.*

Pharmaceutical.

Cod-liver Oil.—The value of this article as a remedy in all diseases of malnutrition has long been an established fact, but its liability to disagree with weak stomachs has proved a serious drawback to its use. To do away with this objection and to make the oil as palatable and as assimilable as any of the other constructives are objects which have for years claimed the attention of our leading pharmacists, and Messrs. J. C. Baker & Co. have at last secured this *desideratum*. By selecting only the finest specimens of livers from the Norway cod-fish and preparing the oil with scrupulous care they have produced an article that will stand the severest tests of the chemist and meet the most exacting demands of the therapeutist; while by means of an elegant and stable emulsion with hypophosphates of lime and soda they have robbed the oil of all its objectional qualities, converting a formerly distasteful drug into a pleasant and palatable article of diet for the sick. We have given it abundant trial in the treatment of various forms of scrofulous and tuberculous disease, and can say that it meets every requirement; while as a testimony to its purity we are glad to be able to state that specimens, both of the unmixed oil and the emulsion, which we have had under observation for more than two years are as fresh today as when they left the hands of the manufacturers. The free oil has not changed in color or shown any evidence of rancidity: while the emulsion, though in some instances stratified, gives no sign of fermentation or chemical change.

Manufacture of Ammonia from the Atmosphere.—A process for the manufacture of ammonia from the nitrogen of the air, invented by Messrs. Rickman and Thompson, encourages belief that this often-attempted problem has at last approached a practical solution. The process is based on the deoxidizing of air by coal dust in the presence of water vapor at a full red heat, the water being simultaneously decomposed and yielding hydrogen, which combines in the proper proportion with the nitrogen thus set free. Common salt is introduced with the coal into the furnace wherein the reactions are effected, which at the bright red heat maintained is also decomposed. The free chlorine from the salt combines with the nascent ammonia, forming therewith ammonium chloride. The ammonia being thus combined it does not decompose under the action of the heat as would otherwise be the case. Should this process prove as practicable as has been anticipated, ammonium chloride will be furnished at a cheap rate and in large quantities, and will have great influence upon the future of artificial fertilizers.—*Oil, Paint, and Drug Reporter.*

Lactucarium is generally preferable to opium as a sedative for infants, and it is occasionally prescribed in form of an "emulsion," so called, i. e. the mass to be triturated with successive portions of water until it is brought to a minute state of division. This is tedious, but the process may be greatly facilitated by triturating the lactucarium with a few drops of spirit of nitrous ether before adding the water; it is then readily divided in the liquid.—*Adolph Vogler, in the Pharmacist and Chemist.*

Miscellany.

The Treatment of Club-foot with Apparatus.—Dr. James S. Green, of New York, contributes to the November number of the New York Medical Journal and Obstetrical Review an article in which he argues that a great majority of the most intractable forms of club-foot may be treated successfully without the use of the knife. To effect the purpose of safe, comfortable, and certain reduction of chronic club-foot by mechanical means, he remarks, the instrument must perform the following functions:

1. It must effect by extension *the separation* of the articular surfaces of the bones involved exactly in the position in which they are presented by the deformity. The extension should be so complete that the synovial surfaces of the tarsal bones will slide *over* and *not upon* each other when the foot is twisted into its normal position. (This condition being obtained of itself reduces to a minimum the amount of force necessary to be exerted in moving the bones, which are thereby not jammed against each other, the synovial membrane and the cartilages injured, and ulceration of the soft parts made imminent.)

2. It should produce the *gradual* reduction of the foot to a normal position by continuous stretching, acting exactly in an opposite direction to the lines of the deformity.

In talipes equino-varus (the most common form) it should flex the foot, thereby overcoming the contraction of the gastrocnemius and soleus muscles, while at the same time it should abduct the foot, reducing the rigidity of the tibialis anticus and tibialis posticus muscles. It should stretch the plantar fascia after overcoming the tendo-achillis and during the reduction of the tibial muscles. Withal, the instrument should be light in weight, portable, and easily worn, so that the patient may assist the cure by walking upon the foot which is being gradually extended and drawn toward its normal position. It should be so constructed that as the opposing tissues yield to the applied forces the advantage gained, be it ever so little, can be easily seized and retained.

The "compound club-foot twister," an instrument employed by the author and his associate, Dr. C. F. Stillman, is described as being so constructed as to twist the anterior portion of the foot on the posterior at the medio-tarsal joint, and also to gradually and painlessly alter the angle of the foot with the leg at the ankle-joint. It consists of a local extender provided with a slotted arc for graduated movement placed each side of the ankle-joint, and another placed in front of the arch of the foot. Below these are attached to a flexible felt or leather sole on which the foot is firmly fastened by bandages, and above they are connected to metal terminal plates which are bound down to the leg by some immobile dressing. This splint allows the foot to be twisted back into shape without pain, as it provides a local extension which relieves the parts from strain and attrition during the twisting, and also allows the patient to walk without interfering with the action of the instrument, the foot being entirely under the control of the surgeon. The instrument and dressing used in a case related weighed thirteen ounces.

The Students of Today: The Practitioners of Tomorrow.—How shall they be directed, and in what quarter shall they make their onslaught with the best chances of victory? We bid them advance whither science beckons; to turn a deaf ear to the easy and plausible blandishments of the "old fogy" school, who fondly dwell upon the simple charms of "practical" studies in apprenticeship and rule of thumb; who talk glibly of the "experience" of years, of the "skilled finger," the "educated touch;" of "the rule of thumb;" of the "rough and ready" practices of our fathers; of the "changes of type;" of the good "old-fashioned blue pill and lancet;" who eye ophthalmoscopes askance; who "frankly confess" that they look upon the sphygmograph as a scientific toy; whose urinary cabinet is confined to a bottle of nitric acid, a spirit lamp, and a specific-gravity bulb; who asks what is the use of the laryngoscope to the general practitioner; to whom the globule-counter and the hemochromometer are as cabalistic enchantments; who feel doubtful about temperature-charts, shirk calculations, and limit their electrical enterprise to turning the wheel of a mechanical "American machine" for paralyzed patients. These are the signs by which the bad adviser may be known by the young student; and, once recognized, he should be avoided.—*British Med. Journal.*

Student Life in Vienna.—Most of the American medical students are making a specialty of the eye, ear, and throat. The clinical material here is immense. The finest of all is the touch course, in the lying-in ward. It is worth a trip for that alone. In one course you have the opportunity of examining at least one hundred pregnant women, in all the different stages, and of applying the forceps and other manipulations under the guidance of the professor. There is nothing that can bear favorable comparison to it in America. Excepting Paris, Vienna is the most expensive city in Europe. The climate is exceedingly changeable, demanding of one great discretion as regards clothing. Please allow me to correct a false impression that nearly all Americans possess regarding the cheapness of student life in Europe. If a student attends all the courses he wishes and obtains comfortable board, it is not possible to spend less than one hundred dollars per month. This is even calculating very closely, for every thing is very dear.—*Cor. of College and Clinical Record.*

Compulsory Revaccination.—T. Garrett Horder, public vaccinator in Cardiff, states (London Lancet) that an inspection of the school-children of his town resulted in the discovery of a hundred without any marks of vaccination, and that among those who had marks at least twenty-five per cent were unprotected, either because the marks were too few in number or imperfect in character. He agrees with the editor of the Lancet in the opinion that smallpox will never be stamped out in England until a compulsory revaccination act is passed.

THE LATE DR. W. W. HENDERSON, OF COVINGTON, KY.—The Committee on Necrology of the Kentucky State Medical Society will find in the life of the late Dr. Henderson, who died September 25, 1881, much to eulogize. At a special meeting of the Cincinnati Obstetrical Society warm praise was pronounced upon him in words to the following effect: He was a man of mark in the community in which he lived, winning his eminence by his sterling character and the conscientious discharge of his duties. He was a man of strong convictions, never wavering in his devotion to what he considered right. While his character was of this positive order, he never wounded others who differed from him in opinion. While Dr. Henderson was a genial, trusted friend, it was as a physician that he appeared at his best. He loved his art and kept fully abreast with it. He was jealous of the honor of his profession, guarded its good name, and gave to it the undivided energy of a vigorous manhood.

THE SOUTHWESTERN KENTUCKY MEDICAL SOCIETY met in semi-annual session at Columbus, Ky., on Wednesday, November 9th, at 10:30 A.M., with Vice-president Dr. J. H. Norris, of Metropolis, Ill., in the chair, and Dr. Samuel H. Singleton, of Paducah, Ky., secretary. On account of the extensive prevalence of typho-malarial fever in the country the attendance of the members of the society was very small. Notwithstanding the small number present several papers of interest were read and discussed.

After remaining in session *one* day, the society adjourned to meet in the city of Paducah on the first Tuesday in May, 1882. Before adjourning action was taken toward bringing about a union of the Society with the McDowell Medical Society.

PRIZES WORTH STRIVING FOR.—The Royal Academy of Medicine of Brussels announces a prize to be awarded in January, 1884, of eight thousand francs ($1,600) for the best explanation of the pathology and therapeutics of the diseases of the nervous centers, especially epilepsy, illustrated by clinical data and experiments. If the essayist is successful in making a decided advance in the therapeutics of such diseases; if, for instance, he discovers a successful treatment for epilepsy—he is to receive, in addition to the sum above stated, a second sum of twenty-five thousand francs ($5,000). This money has been placed in the hands of the academy by a person who does not wish his name to appear. In Italy the Academy of Medicine of Turin offers a prize of twenty thousand lire ($4,000) for the best essay on The Physiopathology of the Blood. This is the Riberi prize, and is open to the world, but the essay must either be in the Latin, French, or Italian tongue.—*Med. and Surg. Reporter.*

SMALLPOX AND ANTI-VACCINATORS.—The wickedness of encouraging the anti-vaccination agitation could not, it is opportunely pointed out by the Globe, be more strikingly proved than by an account it printed of the origin of an outbreak of smallpox in Rotherhithe. "A leading anti-vaccinator," Escott by name, who had none of his children vaccinated, has lost his wife and two children by smallpox, and four others have had the disease. Escott borrowed a suit of mourning from a friend named Angus to attend his wife's funeral, and returned the clothes without disinfection, with the result that the lender caught smallpox and died. Since then nearly every house in the neighborhood has been attacked, and sixteen patients have been removed to the hospital.—*Brit. Med. Jour.*

A NEW DISINFECTANT.—A cheap and useful disinfectant is a solution of chloride of lead. It is inodorous, effective, and its cost very small. It may be prepared as follows: Take half a dram of nitrate of lead and dissolve in a pint or more of boiling water. Dissolve two drams of common salt in a pail or bucket of water, pour the two solutions together, and allow the sediment to subside. The clear supernatant fluid will be a saturated solution of chloride of lead. A cloth dipped in a solution of chloride of lead and hung up in a room will sweeten a fetid atmosphere instantaneously, or the solution thrown down a sink, water-closet, or drain, or over a heap of refuse, will produce a like result.—*Progress of Science.*

PAPAYA AND PAPAINA.—Dr. E. Bouchut, in an article on these medicines, reports that he injected a solution three times into an adenoma of the neck, into one point and into many points, according to the size of the tumor. At the end of two hours the pain was very great and attended with a violent fever. After three days the gangliæ softened and were converted into abscesses which might be opened with a bistoury. In three days more the abscesses healed. In

three cases of cancer of the breast and in one of the inguinal ganglia, after castration in the hospital of St. Louis, the injections of papaina were efficacious. M. Bouchut, in further experiments with papaina, finds that it is a tenifuge, for after administration to a child segments of tapeworm twenty-five centimeters long and in a partially digested state were voided. In the Mauritius it has long been known as a remedy for round-worm, and it seems probable that this new remedy may have a future before it as an anthelmintic.—*Med. Press and Circular.*

A Cement that will Resist Acids.—To make a cement for glass that will resist acids, take ten and a half pounds of pulverized stone and glass, and mix with it four and three quarter pounds of sulphur. Subject the mixture to such a moderate degree of heat that the sulphur melts. Stir until the whole becomes homogeneous, and then run it into molds. When required for use it is to be heated to 248° F., at which temperature it melts and may be employed in the usual manner. It resists the action of acids, never changes in the air, and is not affected in boiling water. At 230° F. it is said to be as hard as stone.—*Oil and Drug News.*

Vitality of Tracheotomized Persons. It having been asserted by writers, Mougeot among others, that persons tracheotomized for croup are unlikely to pass the age of puberty, Dr. Thouvenet (Académie de Médicine, Paris) has written an article going to prove the contrary. Among persons operated on by Thouvenet there are a number at present living at the ages of thirty-four, thirty, twenty-nine, twenty-seven, twenty-six, etc., years respectively.—*Medical Times.*

Coition during Pregnancy.—In the July number of the American Practitioner Professor Theophilus Parvin takes strong ground against coition during pregnancy. He asserts that it violates nature's law as observed in the lower animals, that it is as a rule odious if not painful to the woman, that probably half the cases of spontaneous abortion may be attributed to it, and that it aggravates the leucorrhea and nausea of the early months.

Cause and Effect!—A lady visiting a friend just confined remarked to the grandmother, "But how small the child is!" The old lady replied, "Well, we had a homeopathic doctor."—*Cincinnati Enquirer.*

Selections.

Treatment of Secondary Puerperal Metrorrhagia.—By Theophilus Parvin, M.D., Professor of Obstetrics and Gynecology, University of Louisville. From Gynecological Transactions, Vol. V:

Uterine Compression. The first impulse of the practitioner called to a case of puerperal hemorrhage is to place his hand upon the abdomen and ascertain the state of the uterus as to contraction or relaxation, not that commonly in secondary hemorrhage there is an accumulation of blood in the uterus, for usually this is an open, not a concealed hemorrhage, but to secure, if need be, the final uterine hemostatic uterine contraction. Where compression is necessary the hand may be applied solely through the abdomen, or with one hand thus used and two fingers of the other hand making counter-pressure upon the posterior portion of the cervix.

The Tampon. In the classic monograph of Leroux, written more than a century ago, it is stated that the most certain way of arresting uterine hemorrhage is by pieces of linen or tow dipped in pure vinegar, with which the vagina is packed, or sometimes these pieces are placed in the womb. Leroux asserts that the vinegar is both *antiputride* and *antiphlogistique.*

But may not the tampon convert an open into a concealed hemorrhage, and thus in no wise diminish but rather increase the peril of the patient, in that it induces a false security? The story which Baudelocque narrates is in point: A practitioner, whose patient was in danger by reason of puerperal hemorrhage, could find nothing at hand for a tampon; so he jerked off his wig, tore it in pieces, and thrusting them into the vagina arrested the external flow, but the internal hemorrhage was mortal—he had vainly sacrificed his wig.

Never tampon if the uterus can contain an amount of blood sufficient to endanger life, was the common teaching of our student days. Hervieux, as I have said, almost entirely denying secondary uterine inertia, admits mechanical distention. Practically the result is the same whether we attribute it to inertia or call it mechanical distention. The case of Madame Lachapelle and that of Dr. Maxwell prove that there may be complete uterine relaxation several days after parturition. Thus, then, if we obey the rule given a moment ago we must not use the tampon in most cases of secondary hemorrhage. But is the rule wise? McClintock used the tampon successfully in one case twenty-four, and in another twenty, hours after delivery. When manual abdominal compression of the uterus is maintained the tampon can not be a dangerous, but will often prove a most efficient means of treating a serious secondary hemorrhage.

Compression of the Abdominal Aorta. This probably was first advocated in 1797 by Rüdiger, an obstetrician of Tübingen. His method was by the hand introduced into the uterus, pressing through its posterior wall upon the vessel. Ulsamer in 1825 made known the method of abdominal aortic compression; it was strongly indorsed in 1828 by Siebold, from his own personal experience; and Baudelocque was its warm advocate. Dr. Barnes reckons it only a momentary resource. But it will be remembered that in Duhamel's case, previously referred to, the compression was kept up five hours and was successful. Dr. L. Gros has given nine cases of puerperal hemorrhage in which aortic compression was successfully

used. Very able theoretical arguments have been made against aortic compression, but stronger than them all is the simple fact that it has succeeded in some most serious cases. Of course, that it may be done efficiently the compression must be performed alternately by two or three, for the compressing hand needs rest after twenty or thirty minutes. However, this method becomes less likely to be available the more remote the hemorrhage is from parturition, while the abdomen of the newly delivered woman is peculiarly favorable for it.

Uterine Injections. Leroux states that Galen is almost the only one of the ancients who recommended them, and he further mentions his having thus cured a hemorrhage which had lasted four days. According to Leroux also, Prosper Alpinus, of the University of Padua, cured his wife of metrorrhagia by injecting the uterus with a decoction of Arabian acacia in wine. Andrew Pasta, 1750, advised, in extreme cases of uterine hemorrhage, injection of oil of turpentine, of nitric, sulphuric, or of hydrochloric acid, under the name of stimulants for uterine inertia. Then in the present century followed injections of the salts of iron, of gallic acid, of tannin, of cold water, of vinegar and water, of tincture of iodine, of alcohol and water, and finally of hot water.

It may be conceded that uterine injections carelessly given have been followed by the most serious consequences. But adopting a comparison used by a recent French writer in regard to another matter, must we reject the bistoury because it has been thrust into an aneurism for an abscess? So, too, it is known that injections into the uterus—iodine and tannin as well as iron—even when carefully made, have been followed by severe shock or by dangerous pelvic inflammation, or by death. But are we to renounce an esthetics because now and again, notwithstanding the wisest precautions, an anesthetized patient dies? Some risk may always be run whenever a great, immediate peril is to be removed.

Granting then the propriety of uterine injections in grave cases of puerperal hemorrhage, what shall we use? Cold water? It has the advantage of being always available, but as a direct hemostatic it is powerless, and only does good by inducing uterine contraction. Moreover, it probably must be used in considerable quantities, and the condition of a patient with her clothing and that of the bed soaked with water is by no means conducive to rest. Still more, the depressing influence of cold may in some cases be dangerous. Madame Lachapelle recognized such danger when the applications of cold water were merely external, remarking that these means ought always to be regulated by the violence of the accident and the forces of the patient, stating that a very feeble subject may be thrown into a mortal prostration by too great cold.

Shall we use hot water? Here again we have means generally available, and not likely to produce either the shock or prostration that cold may. But hot water as a hemostatic proves its utility more especially in cases when there is oozing from small vessels that have been cut or ruptured, and when it does good in the arrest of grave puerperal hemorrhage, this must be accomplished by exciting uterine contraction. In choosing between hot and cold water certainly the preference should be given the former.

But the injection oftenest used, and that which is regarded with the most favor, is of a solution of one of the salts of iron, the perchloride being that which has been especially advocated by Dr. Barnes, the great English representative of this practice. The only substitute for the iron injection that has been brought prominently before the profession is that of iodine. This, originally proposed by Dupierris, in 1857, has been ably advocated by Dr. J. D. Trask. But as Dr. Barnes said in reference to injections of iodine, in 1876, so it may be said now, "the amount of evidence is still too small to justify a decided opinion." At the meeting of the Obstetric Section of the British Medical Association, a year ago, Dr. Barnes reported a case where injections of iodine, then of hot water, failed to arrest a uterine hemorrhage, which yielded to the iron injection. The chief argument made by Dr. Trask against injecting a solution of iron is the production of septicemia; but in answer to this Dr. Barnes, whose experience as to this injection certainly is very great, declares that he has seen "no case in which septicemia could reasonably be traced to the practice."

The strength of the solution advised by Dr. Barnes is one part of the liquor ferri chloridi fortior to three of water.

Hervieux states that for several years he has been using, for puerperal hemorrhage, uterine injections by means of a sound with a double current; that having made them hundreds of times he has not had a single accident; and that caustic solutions injected with proper precautions have for their ordinary, if not constant, effect the arrest of the hemorrhage, either by causing uterine retraction or by coagulating the blood at the place of exit from vascular orifices. The following is the formula for the iron solution he uses. It will be observed that it is stronger than that advised by Dr. Barnes, but rendered less irritating by the addition of sodium chloride:

Chlorure de sodium pur.....	15 grammes;
Solution de perchlorure de fer neutre à 30°.....	25 grammes;
Eau distillée.....	60 grammes.

Let the precautions so strongly urged by Dr. Barnes be faithfully observed—such as completely emptying the uterus, whether of clots or placental fragments, of making the injection slowly and directly upon the bleeding surface, and of securing free exit from the uterus, and the perils attributed to the iron solution, either conjectural or actually observed, are prevented; especially there can be no considerable clot to distress the patient or by its subsequent breaking down become a source of septic infection, no fragment of placenta to produce a similar infection; and these conditions were found in two of the cases terminating fatally which have been advanced against the practice. Where injecting the uterus is feared, the styptic may be used to saturate a sponge or portion of cotton wool, and this be carried into the uterine cavity and applied to the bleeding surface. This plan was resorted to by Schreier as early as 1854, and is highly commended by Dr. Wynn Williams, Winckel, and others.

Having considered the chief means resorted to for the arrest of dangerous puerperal hemorrhages, I shall briefly refer to some other means, less important indeed, but often of great value.

Cold. Cold water poured from a pitcher upon the abdomen, after the manner of Gooch; ice to the abdomen, in the vagina, in the uterus; flapping the abdomen smartly with the corners of a wet towel, as advised by Barnes; ether-spray upon the abdomen, as used by Broadbent and Hicks, etc. All these means do good if the irritability of the uterus can

be evoked. But if that be lost by the exhausting flow, they are powerless; and in no case should they be persisted in to the neglect of more powerful means, if the uterus makes no prompt response.

Ergot. The stomach may be so irritable as to reject it; and besides, the battle may be lost while waiting for the reinforcement to arrive, the patient die before the medicine is absorbed, especially as absorption is at its minimum in such prostrate condition of system. Finally, the same remark applies to this medicine as was made in regard to cold—dependent upon irritability, it is vain when irritability is lost. But it may be given hypodermically, and thus two of the objections are obviated. Especially may it be of great value to give them ergotine in sulphuric ether. Nevertheless I must believe that ergot is not so much needed in the fierceness of the fight as to assist in holding the citadel first won by other means.

Quinine. Even in hemorrhages unassociated with malarial fever, but which are periodical in recurrence, this agent is of the first importance. So, too, where there is no periodicity it is often useful.

Opium. Its use in uterine hemorrhage dates at least as early as Hoffman, and it has been a great favorite with many prominent British practitioners. But opium is an agent for the after-treatment rather than for the time of the flooding. It relieves spasmodic uterine contraction; it sustains an exhausted nervous system; it secures rest. Collins gave it with a free hand, stating that he never saw any injurious effects from thirty to forty drops of the tincture administered every twenty or thirty minutes and continued until one hundred and fifty or two hundred had been given, while Barnes advises thirty or forty drops of Battley's solution once in two or three hours.

Hot Baths. This treatment, suggested by Tarnier, has been strongly advocated by Bailly, who includes secondary hemorrhage between the second day and one month after delivery. These baths are used only ten days or more after labor; the temperature about 34° C., and the period of immersiou varies from twenty minutes to half an hour. I am not sure that this method of treating secondary hemorrhage has been used in this country.

In conclusion, several other topics belonging to the therapeutics of uterine hemorrhage might be presented, such as *position*, *transfusion*, etc., but I do not attempt an exhaustive paper—a term that sometimes has a double application, application to the subject and to the hearers, and I shall be quite satisfied if by the valuable discussion which ensues it may be evident, adopting a comparison from Horace, that I was at least a whetstone.

On Vaccinal Skin Eruption.—In his paper before the London Congress Dr. Gustav Behrend (Berlin) whose position as public vaccinator had enabled him to pay considerable attention to this subject for several years, gave reports of seven cases; of these five (pustular, herpetic, and erythematous) appeared in the course of the first three days after vaccination, and one (resembling measles, but without fever and catarrh) on the eighth day. The seventh case was that of a rickety child in whom pre-existing eczema was aggravated by vaccination. Further, the author was frequently informed by the mothers of children whom he had vaccinated that evanescent erythema and urticaria had appeared in the first twenty-four hours, rapidly subsiding, so that they were no longer visible on the day of inspection (seventh day). The varied eruptions described were mild and underwent spontaneous involution; they were not caused by any specific action of vaccine lymph, as precisely similar ones were noticed after the administration of certain drugs and articles of food. The author considered that any blood change might give rise to skin eruptions (pyemia, septicemia, operations, wounds), but that a certain predisposition was also a necessary factor in their production. There were two distinct phases in the course of vaccina during which eruption might appear: (*a*) in the early ones (first three days) the vaccination-wound itself might be a factor; (*b*) the latter ones, which (beginning from the eighth day) were probably due to absorption of certain materials from the developed pustule. Analogous eruptions occurred in variola; the earlier formed during the prodromal period before the outbreak of the variolous eruption, while others appeared during the stage of maturation or later. This analogy with vaccine-eruptions showed that they were not due to any specific operation of the poison of variola, and especially that the prodromal eruptions did not possess the prognostic value which was commonly attached to them.

Dr. Hebra (Vienna) remarked that the prodromal eruption of smallpox could be diagnosed from its localization. It was always on the abdomen. It was certainly produced by variolous poison. He has seen one case of vaccine-eruption after the eighth day.

Prof. Hardy (Paris) remarked that vaccine-eruptions were of three kinds: (1) generalized vaccina, which is common; (2) exanthematic eruptions over the whole body, usually occurring before the development of the vaccine; (3) diathetic eruptions, eczema, etc. Except an eczema the prognosis was favorable. He referred, however, to one case of pustular gangrene. He himself had been revaccinated during the siege of Paris. Three days afterward he was attacked by severe general urticaria, followed by bronchitis.

Dr. Behrend in reply remarked on the great rarity of vaccina gangrenosum.—*Proceed. Intern. Cong.*

Lactic Acid in Phthisis.—A. D. Macdonald, M.B., C.M., writes to the British Medical Journal:

I have been struck by the observation that in some cases where there was a strong hereditary predisposition to phthisis acute rheumatism had supervened early in life, and by middle age phthisis had not yet appeared. Besides, I understand that in Madras, for example, there is a large proportion of rheumatism to a comparatively smaller proportion of phthisis. May there not then exist some degree of antagonism between these diseases, and is there not in the latter a deficiency of the lactic acid poison of the former?

On the 5th of June last I administered ten minims of lactic acid thrice a day to a patient who had a vomica in the apex of the right lung, and the left apex had a deposit of tubercle. On the 11th the patient expressed herself as feeling better, but she complained of rheumatic pains in her joints for about two hours after each dose, and this in the absence of being informed as to any effect to be produced. Another patient to whom I gave the acid stated that it relieved her cough more than any thing else she had. Both thought the acid very agreeable as a thirst-quencher.

I should be glad of some light upon the point as to whether koumiss in phthisis, as in diabetes, benefits in part at least by its containing lactic acid.

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

COMMON SENSE IN SANITATION.

The mission of honest doubt in scientific progress is a very important one. It is the parent of conviction, the preserver of truth. Not to receive a new statement on faith is a cardinal rule with a truly scientific mind. To submit all alleged discoveries to the crucible of experiment is the only way to separate the dross from the gold. The objections urged by Dr. Griswold, in the NEWS, to the claims set up by zealous sanitarians have enough truth in them to serve the purpose of quite a number of conservative spirits in our profession and out of it.

It can do the world no harm to challenge the positive claims of the sanitarians of the day. It puts them on their mettle, makes them show such proof as must convince the apathetic and the severely practical man. An enthusiast is easily satisfied, when the evidence looks his way; if he would strike fire from others of a colder nature, he must first prepare his materials by a logical array of facts, and then follow these up by blows of rhetoric. At the root of the difference of opinion there is often a disagreement as to the kind of evidence necessary to establish a reasonable ground for action.

The class represented by Dr. Griswold are too exacting in this respect. They seem to forget that all through life we are determined in our course by presumptive evidence mainly. In any conjuncture calling for a choice between two lines of conduct, it is the unconscious play of common sense for the individual to cast a balance of the probabilities, and to be guided by that line which has the larger sum of probabilities in its favor.

So acceptable is this proposition that champions of opposing sides on the largest questions that have affected the human mind are as one upon it. In introducing his celebrated argument in the analogy of religion, Bishop Butler declares that he pretends only to show such presumptions in favor of his thesis as are considered good claims for serious consideration and good guides of conduct in the practical affairs of life. In other words, he holds that by presumptive evidence alone common sense is ruled in the majority of our acts. In an essay on judicial inquiries Voltaire wrote, "Almost all of human life revolves upon probabilities. Uncertainty is nearly always the lot of man. You will very rarely form a judgment if you wait for a demonstration." Assuming, then, that some obligation rests upon us to carry out a plan of life which is by general agreement considered more advantageous than any other, the sanitarian's line of argument would be to show if there is any thing in the sanitary science of the day that can be called sound presumptive evidence. Looked at in this way, we think it would not be difficult to bring a cloud of witnesses who would testify that statistical considerations taken from the official reports show that hostile influences of a certain kind work against human life with much more violence in some quarters than in others. More than thirty years ago this conclusion was pointed out by Dr. Farr; it has been frequently confirmed since. When cautious

inquiry has been made into the conditions of unhealthy districts, time and again it has appeared that the causes were local and removable. Sometimes the "unsanitary surroundings" were due to some injurious industry, sometimes to marshy or water-logged land, but more deadly than all the present removable causes of disease, according to Simon, is *local uncleanliness*.

When an estimate is made of the results of the application of the principles of public hygiene a very decided effect is perceived. Of course allowance must be made for some advances in the art curative, but after this is done there remains a large balance in favor of the view that by wise interference with the "surroundings" much public benefit has accrued. After an examination of the registrar's returns for last year, the Local Government Board of England says in its report:

> It may be roughly estimated that about a quarter of a million of persons were saved from death in the ten years 1871–80 who would have died if the death-rate had been the same as in the previous thirty years. If twelve cases of serious but non-fatal illness be reckoned for every death, it follows that about three million persons, or over one ninth of the whole population, have been saved from a sick-bed by some influences at work in the past decade which had not been in operation previously. Of the entire reduction of one per cent in the death-rate, more than three quarters come under the head of "the seven zymotic diseases"—that is, of the diseases that are most influenced by sanitary improvements, and most amenable to control by the action of sanitary authorities. And of this three quarters just one half or three eighths of the entire reduction is in "fever," the disease which more than any other shows itself in connection with such faults of drainage, of water-supply, and of filth-accumulation as it is within the province of good sanitary administration to remove.

If it be urged that this is not a strict demonstration of the effects of hygienic surroundings, it may be said in reply that the nature of the case does not admit of any other than broad statistical proof, and that what is advanced above certainly, to say the least, establishes a strong presumption in favor of the view that by proper care of the environment human life may be made healthier and longer.

Original.

OBSERVATIONS ON "HYGIENIC SURROUNDINGS."

PART II: THE PALUDAL THEORY OF MALARIA OBJECTED TO.

BY RUFUS W. GRISWOLD, M.D.

Going back from Dr. Speed's illustration of proof to the assumptions which, in common with many others, he makes as to the causes of diseases and the methods of preventing them, let us see something of what we *know* about it. "Perfect cleanliness forbids malaria," says the doctor. What are the proofs of it? In the first place, what is malaria? What is the essential factor that produces that striking and perhaps most important of all the so-called malarial diseases —intermittent fever? No one knows. It has never been isolated, exposed, or handled. It is an unknown and undetermined force, capable of producing certain phenomena in the animal system, but neither chemical analysis nor microscopic observation have determined what it *is*; nor have all the speculations and theories put forth in all the history of medicine served to place us on any substantial ground in relation to the modes and processes of its generation, and its evolution out of something into the organic system of animal life. The combined conditions of heat, moisture, and vegetable decomposition often given and popularly accepted as the causes of malarial diseases are not sufficient for the production of them, as is certainly and unquestionably shown by the broad fact that over numerous and extended areas of country, where they are in vigorous activity for generations in succession, these diseases do not exist. As an illustration of this, let us take the region of the Connecticut Valley where I am residing. For three generations, up to ten or twelve years ago, indigenous intermittent in the valley of the Connecticut was nearly a thing unknown. The closest inquiries fail to give a dozen native cases in fifty years. In 1862 a physician in Hartford related a case of indigenous intermittent as occurring in that city as something strange, and was laughed at in the county society meeting as the victim of a self-deception; but in the ten years last past it is quite safe to say that more than one fourth of the population—I think half of it—from the mouth of the river to the State line, a distance of seventy miles, and for a width on the aver-

age of ten miles, have had intermittent fever or some of the closely allied disorders born out of the same virulent disturbance, thousands of them many times, and for several consecutive seasons, persistently, ferociously, and beyond the power of sanitation to prevent. Sanitation, humbug! A cargo of bark is useful as a prophylactic and a temporary cure. Against its continuance and its spread, its marked territorial advance east and north every year, an army of sanitary experts would be as helpless as against the winds. I say as helpless, because the unknown factor that causes intermittent fever is not subject to any law of cleanliness, personal or public. "Cleanliness and drainage" do not "forbid the existence of [that] deleterious atmospheric condition" which produces the disease; nor does "perfect cleanliness forbid malaria" in the sense of preventing it. When it is asserted that they do, the assertion is an assumption that has not been proved—a deduction from a premise purely hypothetical and not from what we know. For this position I propose to give a reason.

In March of the present year I addressed to one hundred physicians in the valley of the lower Connecticut, from the Sound to the State line, scattered through forty towns, a printed postal card of inquiry as follows: "Have you had intermittent fever in your town the last few years? When did it first appear? To what do you attribute its rise and prevalence? What local causes have you likely to breed malaria and develop intermittent fever that had not existed in the years previous to its appearance in your neighborhood?" To these inquiries I received something over thirty replies from men so situated by residence as to cover, along with my personal knowledge, the whole territory mentioned. I respectfully submit that the correspondents were not teachers in the medical colleges, nor writers of medical books, nor members of health-boards, nor yet were they sanitary engineers. They were hard-headed every-day physicians, in practice ten, twenty, thirty, forty, and some of them fifty years; thoroughly acquainted with their respective localities in all their geographical features; who had witnessed the advent of intermittent into their clinics within the last ten years, and who knew exactly of what they were talking. Of the thirty-two respondents, the testimony of twenty-eight in relation to the last of the above-quoted queries was not always in the exact language, but in every instance in substance: *We have no local causes to generate malaria and produce intermittent that have not existed for years previous to its appearance.* One respondent suggested the *possibility* of the cause of the disease residing in the drinking-water of the city of Hartford, the supply being from reservoirs on a brook. One other mentioned as something new some small stagnant pools made by a railroad, and a third noticed a marked prevalence of the disease around a pond, the stowage capacity of which had been increased three years previous to the appearance of it; but neither of these appeared at all confident of their points, even as matters of belief, that malaria originated in or was evolved out of them.

Now as to this territory, the valley of the Connecticut from Massachusetts to the Sound is one of the most beautiful and well-kept sections of the country. The inhabitants are a cleanly, well-to-do, and hardy people. Their surroundings are as good as can be found. The condition of the region as regards any local causes of disease is continually and year by year one of improvement. It is better cultivated, more systematically drained, more thoroughly cleaned up, more carefully kept with each succeeding decade. As the years have gone by there has been in it less and less of that filth and vegetable decomposition out of which we are told that heat and moisture evolve the poison that induces malarial diseases. Since 1872 I have been patiently looking for that astute and scrutinizing sanitarian who could come in here and tell me *why* it is that, in a region where for the hundred years before the so-called paludal diseases were almost unknown, there should suddenly appear an epidemic that seizes the half of the entire population. I have not seen him. I am still waiting—we are all waiting—for him to come. If "our surroundings," over which Dr. S. tells us we "have great control," are at the bottom of all this trouble we want to know it and get "cleaned up."

Descending from the general to the particular, if it is said that malaria is bred in the filth of *personal* surroundings—that is, about the habitations of those who live comparatively uncleanly lives, whose houses are ill ventilated, and in supposed insalubrious neighborhoods—I reply that intermittent and the allied disorders as they appear to us are no respecters of persons or of conditions; they sit down alike in the villa of the rich and the shanty of the poor; they squat in the valley and roost on the hilltop beyond; they grapple alike the lean vegetarian and the rotund gormandizer; alike the lazy vag-

abond at the corner and the active citizen at his trade.

A careful consideration of the events presented in the advent of intermittent into this section in the last decade, and a retrospective of view several decades before in relation to its absence, irresistibly lead us to these conclusions:

That undetermined and hypothetical factor, which for want of a more appropriate name we call malaria, is not dependent for its existence upon our surroundings, but comes in spite of them; the castle of perfect cleanliness will not protect us from its approach. Nor is it dependent on heat and moisture operating upon vegetable or other decay; nor upon swamps or ponds or cesspools or sewer-filth or any other thing of the like. It presents itself away from, independent of, and beyond the influence of any of these; it thrusts itself into notice where they *are not*, and is for generations wanting where they *are;* and further, they are none of them competent for its development till some other force or principle has entered in. Whenever that intangible potency has entered any section it often seems in the *degree* of its virulence to become more particularly located about certain places, to be especially abundant there, and to superficial observation appears to be propagated in and evolved out of them. But whether it ever *is* multiplied in those places or is but an aerial visitant about them giving preference thereto for its more especial home, is a point as yet unsolved. But whether the one or the other, the history of its advent into the region we have alluded to presents incontrovertible proof that the foulest surroundings of any part of the valley had been impotent for the generation of a single particle of the especial essence that underlies an outbreak of intermittent till that especial essence was engrafted into them from without. There is no better reason for saying the surrounding is the father of the special factor of intermittent than that the river is the father of the fish. The river is *not* the father of the fish, it is simply the home of it; the fish is bred *within*, but not *from* it; it is begotten therein by its ancestor of the same type, and only of that ancestor. The river may have existed from the beginning, but so far as any thing is known of the sequence of order in nature it is utterly impotent to exhibit a single scale until the primordial antetype of that scale has been implanted within it. So also what we may choose to call the vicious surrounding is not the father of the paludal poison, be that surrounding a swamp or a pond or a sinkhole or a sewer; these are only places about which it makes a home, but not a necessary nor by any means an exclusive home, since it is found where none of these exist and beyond the range of them, and equally pungent and productive of mischief. If this position is not correct then it may be respectfully asked of him who attempts to controvert it that he shall tell us *why* it was that for the twenty or the fifty or the hundred years previous to the present decade over the territory alluded to, indigenous malarial diseases were not known, that region the meanwhile presenting certainly not less of *debris* and decomposition operated on every year by not less of the power of heat and moisture—certainly not any better cared for, certainly not any better cleaned—presenting equally bad swamps, precisely similar ponds, nests in vegetable and nests in animal life quite as filthy and vile. And then suddenly without any change in the physical features of the country, except a steady advance in improvement in all particulars, we should over the whole of it be stormed and taken by the potency of ague and fever? It is nine years since I began asking this *Why?*. It has not been answered; I do not expect it will be on any basis of unsanitary surroundings. It is an etiological question still unsolved, and while it is unsolved one may be pardoned for entertaining an amount of skepticism in relation to the connection assumed to exist between the supposed vicious surrounding and the infliction in contiguity with it. We have too much talk about what is *assumed* and too little about what is *known*. When a man has lived his lifetime by a particular stream, and his ancestors have inhabited there since 1680, and not a solitary case of ague was ever known in the neighborhood until 1872; and then suddenly, without change about the stream, coincident in point of time the whole region becomes inflicted with intermittent, it is idle to tell that man that the stream is the source of mischief; his reason ridicules your theory and his common sense rejects it. If he does not laugh in your face, he certainly will at your back. The *primum mobile* of the disturbance is some other potency.

Concluding, perhaps I ought to apologize to Prof. S. for taking his paper as the text for this. Let it not be thought I have any thing personal. My tilt is not against him, nor yet against his article except in a general way, but against the untenable and fal-

lacious deductions constantly spread abroad to the extent of an epidemic delusion, to the effect that our malarial diseases, our typhoids, our dysenteries, and our diphtherias are quite within our control and are to be stamped out by sanitary effort. Given that utopia typified in the doctor's perfect cleanliness, still there are potencies intangible and ungrasped which will flood in upon and subject us to their sway. The forces of dissolution were coincident in creation with the forces of vitality. Death is but a part of life. The pleasing delusion that man was originally determined to die only of old age is the myth of an exuberant imagination. Let me remind the professor that the perfect "one-hoss shay" of Dr. Holmes, to which he eloquently alludes, was not an *actuality*, but the ideal creation of a poetic brain. So also is that coming man, living in a perfected heaven of cleanliness, and so destined to dissolution only by the natural decay of years, an ideality whom even the last of his race will never see.

ROCKY HILL, CONN., November 3, 1881.

Translations.

AMMONIO-MERCURIAL PEPTONE IN SYPHILIS.

[Translated for the LOUISVILLE MEDICAL NEWS from *Le Pròqres Médicale*, by M. A. C.]

Before the Hospital Medical Society, October 14, 1881, M. Dujardin Beaumetz in the chair, M. Martineau gave some of the recent results of his method of treating syphilis by means of ammonio-mercurial peptone subcutaneously injected. During the month ending with above date M. Martineau made three thousand and eighty-seven injections on one hundred and seventy-two patients. In the treatment of these cases he had used the remedy in varying amounts; in some instances carrying the dose up to .010 gram (one sixth of a grain). The experiments of Ormesano prove that the mercury is completely absorbed when thus exhibited, traces of it having been found in the urine after an injection of not more than .005 of a milligram ($\frac{1}{12800}$ grain).

The recent researches of other observers confirm the statements M. Martineau had made on a former occasion as to the result of his first experiments with the peptone—namely, that the drug does not when subcutaneously administered cause pain or give rise to salivation. For even when as much as .010 gram was given no evidence of mercurial poisoning could be found in the mouth.

M. Martineau has further been able to demonstrate the efficacy of his method of treatment upon certain patients whom he and M. Blachez have together had under observation since the 30th of August. The quantity of peptone given during these therapeutic investigations varied in doses of from two to seven milligrams (one thirty-second to one tenth of a grain). One patient had been the subject of syphilis for two years, and the disease presented symptoms of a grave character. He had syphilitic ulcers upon the head which were very painful, he could not retain the smallest dose of mercury upon his stomach, and the syphilitic fever was so intense as to necessitate his keeping his room. In this condition he was submitted to the peptone treatment, and by the time the twenty-fourth injection was reached the pain, ulceration, and fever had all disappeared.

Correspondence.

SWEET SPIRIT OF NITER AS SOLVENT FOR QUININE.

Editors Louisville Medical News:

In your issue of the 5th inst. I see a communication from Robert C. Kenner, A. B., M.D., of Batesville, Ark., claiming the discovery of spirit of niter as a solvent of sulph. quinia. The doctor says, "I was just thinking of some way to give it (quinine), and looking over my medicine-case the first article I saw was a bottle of the sweet spirit of niter. To one ounce of this I added twenty grains of sulphate quinia, and found to my surprise that I had discovered a perfect solvent for quinia sulphate."

Now if the doctor will refer to the April number (1877) of the Richmond and Louisville Med. Journal, page 325, embraced in a paper by a writer on the Cause of Periodicity or Mode of Action of the Agent producing Intermittent and Remittent Fevers, he will find the following statement. When speaking of the treatment of malarial spasms in children the writer says, "The treatment of these cases consisted in the administration of Hoffman's anodyne in from ten- to forty-drop doses, according to age, every fifteen or twenty minutes, with cold to the head and hot hip-baths during the spasms; solution of quinia in spiritus etheritis nitrosi immedi-

ately after their subsidence, paying no attention to the fever in the administration of quinine in this combination, always, however, keeping cold applications to the head and sponging the body with cold water during the hot stage."

I here remark by way of parenthesis that I recently noticed an article in some medical Journal in which the writer claims spirit of niter as a new solvent for sulph. quinia, and simply state that I have used it as the best solvent I could find for over fifteen years, but never until recently (August, 1876) employed it as a solvent of quinia for hypodermic medication; but after trying several formulæ published, and finding all of them too irritating, producing abscess, sores, or hard knots under the skin, I concluded to try spirits of etheris nitrosi *fff*, and now use this formula:

℞ Sulph. quiniæ ..... gr. l;
Spts. nitri dulc. *fff* ..... fl.℥ j.
Mix and filter.

One ounce will dissolve readily fifty grains; and in fact one dram can be held in solution by one ounce; but the above gives a fraction over three grains to every thirty drops; the prescription containing sixteen doses of thirty drops each. I have used this formula for my own person very recently, producing only a temporary erythema of the skin. It is less painful than the formulæ containing sulphuric or carbolic acids.

The compound tincture of benzoin was first reported by Dr.—, of New York City, and I can after many trials indorse what Dr. Kenner says of it in toothache. I have been thus prolix in quoting from the above paper because I consider it very practical and because it may have been overlooked by many others as it was by Dr. Kenner.

J. P. THOMAS, M.D.

PEMBROKE, KY., November 12, 1881.

Editors Louisville Medical News:

In the NEWS of November 5th is a communication from Dr. Robert C. Kenner, entitled A Perfect Solvent of Quinia Sulphate. This solvent proves to be spirit of nitrous ether.

Although sweet spirit of niter has been used as a solvent for quinia sulphate by physicians in this section for the past ten years, I must say, after several years' experience as a practical pharmacist, that I often find it a poor solvent, and I am always well pleased with my niter when it fails entirely in this regard.

Spiritus nitri dulcis, as prepared by the present U. S. process (which was modeled after the plan of Dr. Squibb), should contain no excess of acid and is almost neutral in its reaction. With age it becomes strongly acid, and it is then pronounced unfit for use by authorities on the subject.

Old and inferior niter will dissolve quinia sulphate readily, but a chemically pure article will not. I have now a specimen of sweet spirit of niter manufactured by Billings, Clapp & Co., of Boston, which will not dissolve two grains to the ounce, though I have had them mixed in a tightly-corked vial for several days. The addition of a few drops of almost any acid would at once overcome this difficulty. I fear that the specimen of niter used in Dr. Kenner's experiment was either old or of inferior quality, or the results would not have been so satisfactory.

In these days, when physicians and pharmacists are striving to render this drug palatable, I think it better to administer quinia in capsules or pills freshly made, or else give it in mucilaginous mixtures or elixirs highly flavored. To dissolve the quinia in any acid intensifies its bitterness, and, unless there is some special indication in a given case, it were better to give the niter separately. If any one should be in doubt on the subject, let him put twenty grains of quinia in an ounce of niter; if his niter is good, add a few drops of acetic acid to dissolve the quinia, and I am sure that one dose will carry conviction with it.

WILLIS I. COTTEL, M.D.

BRAIDWOOD, ILL., November 22, 1881.

Formulary.

INFANTILE DIARRHEA.

In infantile diarrhea due to indigestion and attended by acidity the following combination is very efficacious:

℞ Pulv. ipecacuanhæ ..... gr. ss; 0.03 Gm.;
Pulv. rhei ..... gr. ij; 0.12 Gm.;
Sodæ bicarb ..... gr. xij; 0.72 Gm.

Div. in chart No. xii et sig. One powder every four to six hours to an infant one year old.—*Dr. J. Lewis Smith.*

PYROGALLIC ACID FOR CHANCROIDS.

Vidal (*Bull. Gén. de Thérap.;* Chicago Medical Review) recommends the following as an application for chancroids:

℞ Amyli pulv ..... ℥ ijss; 75.00 Gm.;
Vaselini ..... ℥ j; 30.00 Gm.;
Acidi pyrogallici ..... ℥ ijss; 10.00 fl.Gm. M.

This pasty mixture can be very thoroughly applied to the affected parts without liquefaction. The oint-

ment should be freshly made and kept in well-stoppered bottles, as it absorbs oxygen from the air, becoming brown. One application daily is all that is usually required. Chancroids of the anus may require two. There is nothing injurious in this treatment.

Levmoyer and Hitier claim to have obtained results of value by the use of pyrogallic acid combined as above.

CARBOLIC ACID IN HOOPING COUGH.

J. Baugh, M.D., of London, writes to the Canada Lancet:

A few days since I had several patients suffering with hooping cough, and, having administered the usual remedies without getting the least benefit, I commenced giving carbolic acid and glycerin in small doses, repeated every hour. I am glad to say the results were very satisfactory. The paroxysms of coughing and the vomiting, which in some cases were very severe and frequent, were reduced almost to a minimum in less than twenty-four hours. For a child three years old I give the following:

℞ Acidi carbolici..... gr. iv; 0.24 fl.Gm.;
Glycerini..... ℥ jss; 6.00 fl.Gm.;
Syr. simp..... ℥ iv; 16.00 fl.Gm.;
Aquæ, ad..... ℥ ij; 60.00 fl.Gm.
M. Sig. A teaspoonful every hour.

Pharmaceutical.

Dr. J. Milner Fothergill on Use of Maltine.—In order to aid the defective action upon starch by the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase "maltine." But, as Dr. Roberts points out, in order to make this ferment operative it must not be taken after a meal is over. Rather it should be added to the various forms of milk porridge or puddings before they are taken into the mouth. About this there exists no difficulty. Maltine is a molasses-like substance and mixes readily with the milk, gruel, etc., without interfering either with its attractiveness in appearance or its toothsomeness; indeed its sweet taste renders the gruel, etc. still more palatable. A minute or two before the milky mess is placed before the child or invalid the maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some maltine mixed with it before it is placed on the nursery table, we should hear much less of infantile indigestion and malnutrition.—*Lond. Practitioner.*

[This excellent preparation calls nothing but praise from every quarter. Its office is unique, and probably physiological medicine will never find a remedy that can serve as a substitute for it.]

Solvent for Gallic Acid.—Mr. Frederick Long writes to the British Med. Journal to say that he has accidentally found a method of dissolving gallic acid. Having a short time since a case of hematuria, the result of uric-acid gravel, he chanced to prescribe a mixture containing half a dram of gallic acid and a dram and a half of citrate of potassium, and to his surprise he found he had a perfectly clear liquid, the gallic acid being completely dissolved. He has since made further experiments, and he finds that with care twenty grains of citrate will dissolve as much as fifteen grains of gallic acid in an ounce of water, which will remain quite clear for any length of time. To be able to give gallic acid in perfect solution is a great advantage, as absorption must take place more rapidly when the salt is in solution than when simply suspended in mucilage. The citrate, being a very simple salt, can do no harm in any cases in which gailic acid is required. The only means of dissolving gallic acid for medicinal use heretofore known to Mr. Long have been alcohol and boiling water, both of which are practically useless.

Miscellany.

A Possible Preventive of Rabies.—In the New York Med. Journal and Obstetric Review for November, 1881, Dr. L. L. Dorr, of San Francisco, discusses the etiology of hydrophobia, with special reference to climatic influence. The Pacific coast of America, he remarks, presents some peculiar features as regards this disease; from Behring's Strait to Cape Horn, he states, not a well-authenticated case of rabies was ever known. In support of this statement he adduces testimony to which great weight must be allowed. He therefore dissents from the common opinion that climate has no influence over the disease. A test of the power of the climate of the American Pacific coast to prevent the development of rabies can easily be made, he suggests, with strong probability of proving a blessing to hundreds of human beings who have no other hope. The period of incubation is so long in many cases that several dogs known to be badly bitten by a dog known to be suffering with rabies could be sent there under guard and kept behind prison-bars and under observation until the extreme limit was passed. Or a more practicable plan might be to have a number of

the many persons who are annually bitten by rabid dogs in the Eastern States and Europe go to that coast and remain there until the extreme limit of the possibilities was passed, selecting any place from Cape Horn to Behring's Strait—preferably, however, California, where they have a varied climate and all kinds of dogs and are in close communication with all parts of the world. The patient having a knowledge of these facts, and the support of hope of escape, it might be a power to prevent an attack; and if he were attacked the disease might be so modified by the climate as to render it susceptible of cure.

Hospitals Liable for Malpractice.—It is stated in the New York Med. Journal that a pay patient of the Rhode Island Hospital sued to recover damages because of a hemorrhage leading to gangrene and amputation due, it was alleged, to the malpractice of an *interne*. During the suit the following statement of the legal liabilities of hospitals was made:

1. A hospital is not exempt from liability for unskillfulness or neglect, but is responsible for the exercise of reasonable care by the governing authorities in selecting physicians, surgeons, and *internes;* and if incompetent persons are appointed is responsible for the results of their neglect or want of skill.

2. If the rules of the hospital require that in specified cases an *interne* shall summon an attending surgeon and the *interne* fail to do so, the corporation may be liable for the consequences of his neglect.

"Pain-killers."—Prof. A. B. Prescott, of the University of Michigan, in an interesting paper on Nostrums, read at a State sanitary convention, and since printed in the Physician and Surgeon, thus refers to one of the more harmless kinds of these quack preparations, the "pain-killers":

Few of them are wholly inert, and most of them have a transient stimulant effect. Of *eight* of them subjected to analysis six were found to contain the ordinary spirit of camphor, which every thoughtful mother keeps in the house; three contained ammonia, such as any hortshorn-bottle would furnish; four were charged with red pepper; all had some alcohol; oil of sassafras was found in four of them, oil of turpentine in two of them, tincture of guaiac in two, chloroform in one, and myrrh in one. One of the most successful contained in a half-dollar bottle one and one half fluid ounces of soap liniment, with one half fluid ounce each of capsicum tincture, ammonia water, and alcohol—in all four articles of the United States Pharmacopeia. One that was sold at a dollar for a four-ounce bottle, by a Chinese doctor who had studied many years in the Celestial Kingdom, and who visited the towns of Michigan in a gorgeous car, drawn by four horses, with a company of musicians and a lecturer, consisted of camphor spirit, lavender compound spirit, ammonia water, sassafras oil, and alcohol. One made and sold in Germany as Nature's Own Cure, a sure relief for one hundred and sixty-six different diseases, consists of red pepper tincture, ammonia, and alcohol. Another noticed is a Five-Minute Fragrant Pain Cure, that will quiet every ache within five minutes by an exact time-piece. It is a mixture of ether, glycerin, common salt, and water. A Golden Wonder, or Seven Seals, for all the ills liable to occur in this life, is a mixture of ether, chloroform, camphor, peppermint oil, red pepper, and alcohol. Nearly all these articles are directed to be taken internally, as well as applied externally. Now almost every person would have some judgment as to how much ammonia, or turpentine, or camphor, or ether, or strong alcohol, it would be safe to take at once, if to be taken at all, in seeking relief from a violent pain; but what judgment can any body have as to a safe quantity of such talismanic articles as "Ready Relief," "Wizard Oil," or "Magic Master of Misery?"—*Boston Journal of Chemistry.*

A False Report.—The very circumstantial report which we published as it went the rounds of the press, giving the fees of the medical attendants of the late President, turns out to be without foundation. It is denied by authority, and the assertion positively made that no bills will be presented. An *honorarium* is expected from Congress when it meets, though delicacy restrains the doctors from presenting an account for their certainly very laborious services. They may rest assured that posterity will say they deserved well of their country.

The Value to the Medical Student of Early Scientifc Training.—The student having been registered, and having thereby become entitled to commence his professional studies, it is in the highest degree important that the elementary and practical portions of them should be carried on in a

methodical and complete manner. Before an attempt is made to raise the superstructure of practical study, there should be provided a good concrete foundation of elementary matters; and no student should attempt or be allowed to attempt the serious study of the practical departments until he has given evidence of having laid such a foundation. On this point the prospectus of the Liverpool School of Medicine contains some excellent observations, which, we think, deserve publicity:

"A very frequent mistake is to commence the serious study of the practical part of medical education before the scientific part has been got quit of. However possible it may have been to combine the two in former years, when the scientific examinations were extremely lax, it is certainly not possible in the present day, when the primary or scientific examinations are so severe that it takes the whole powers even of an energetic student to prepare himself so as to go up, with confidence of passing, to the college primary at the end of his second winter. The attractions of surgery and hospital work are so much greater than those of anatomy and physiology, that the student is constantly tempted to take out senior classes or to seek for house-pupilships or dresserships too early. In due time it is found that these have enticed him from his less attractive but legitimate work, and have ended in causing his rejection; while from his imperfect knowledge he has not reaped the benefit from them which he might have done at a later period, when his whole energies could have been thrown into them, untrammeled by the fear of a scientific examination constantly hanging over his head."—*Brit. Med. Journal.*

Removal of the Uterus for Cancer.—The November number of the New York Med. Journal and Obstet. Review contains a "special article" by Dr. Andrew F. Currier, of New York, in which the various methods of removing the entire uterus for cancer, as practiced by Freund, Schröder, Czerny, and others, are reviewed, as well as the general question of the advisability of removing the organ. He thinks the advantages of the vaginal method over that of Freund (by laparotomy) are enormous; there is but one section of the peritoneum, the intestines are unharmed, there is a better opportunity to discover diseased tissue, which is most likely to be situated in the vicinity of the cervix, and, most important of all, the patients often survive, which is rare by Freund's method. But most patients are not likely to be benefited by either of these serious operations; the most hopeful cases will be those in which the patients are warned of their danger in the early stages of the disease, and in such cases Schröder's supra-vaginal excision of the entire cervix is most likely to be of service. This operation, while not so radical as removal of the entire organ, and hence not so efficient in cases involving the tissues above the internal os, is far less grave, and is, besides, more thorough than amputation of the cervix as it has been ordinarily done in the past. In those rare cases, however, in which the body of the uterus alone is involved, there is no alternative to laparotomy, either by Freund's operation or by some modification of it. As to drainage—a most important item in such cases—a perfect system seems impossible, but Bardenheuer's, although in the hands of others it has not fulfilled its author's expectations, affords as good results as any yet devised. As to the broad question of whether cancer of the uterus, and so cancer in general, can be radically cured, the author thinks the logic of events points to its approaching solution.

Liquid Pepsin a Solvent for Diphtheritic Membrane.—In the Lancet of October 22, 1881, Dr. W. Hale White says that, having tried the various solvents for diphtheritic membrane usually recommended, and finding them useless, he resorted to the acid glycerite of pepsin with encouraging results. The pepsin was warmed to 110° before use, and then sprayed into the throat so as to act not only upon the large pieces of membrane lining the trachea and larger bronchi, but also that in the smaller tubes. Any one can convince himself of the power of liq. pepsin as a solvent for the membrane by putting a piece in a test-tube with that fluid and maintaining it at a temperature of 100° to 110° F.; it is digested rapidly. Post mortems show no signs that the pepsin affected the healthy lungs or air-passages.

Dr. Foulis, of Glasgow, died on October 31st from diphtheria contracted, it is feared, while performing the operation of tracheotomy upon a patient suffering from the affection.

The Filaria a Nocturnal Parasite.—It has lately been discovered that this curious parasite during the day disappears from the blood, to reappear at night.

Selections.

Amyl Nitrite in Opium Poisoning.—By E. F. Turner, M.D., Strayhorn, Miss. (St. Louis Courier of Medicine):

I was called August 16, 1880, to see ——, who was drunk and had been in the lock-up about three hours. I was told by the marshal that he looked like he was dying, but he thought he was "playing off." I found him as pale as a corpse, with heavy breathing; the respiration would intermit; it was three per minute one minute and two the next; the pupils extremely contracted; pulse not perceptible at the wrist; his eyes were set in his head about half open and perfectly insensible (I tested them with the end of my finger). I asked if he had had any chance at opium or any thing of the kind, and was told he had not. I searched diligently but did not find any clue. I was not certain as to what was the matter, but it struck me that if nitrite of amyl would speedily increase the heart's action and dilate the capillaries it would do away with two of the bad symptoms. So, with one hand on the wrist, I began administering it. I first let him take two full inspirations, and had the pleasure of feeling his pulse at the wrist. I waited a short time; the pulse began to grow feeble. I applied it again, and this time his skin became red; his respirations ceased to intermit. I sat by him and gave it at intervals, watching the effects. At the end of one hour his respiration was eight; at the end of one hour and a half he opened his eyes and swore a few times; at the end of two hours he was so much better that I stopped the remedy. He was in a profuse perspiration, sat up and urinated. At the end of three hours he was able to be carried home by his friends. Subsequently he came into my office and told me that on the day he took his spree, when he started to town, he took about eight times as much morphine as the usual dose (he had taken morphine and quinine the week before for neuralgia), and brought about the same amount to town with him, which he took about the time he was locked up.

I was called January 22, 1881, to see an infant six months old. The mother through mistake had given it one fourth grain of morphine at 12 o'clock and repeated it again at three. I arrived one hour and a half later, found the child well under the narcotic, so much so that I told the mother the case was very doubtful. I took the usual steps to relieve it, and remembering my other case I commenced the use of amyl nitrite with the same caution as before, and again had the pleasure of seeing its immediate effects; every inhalation acted like a charm. I remained with the child six hours, when it was relieved and I left for home.

Treatment for Certain Kinds of Incontinence of Urine in Women.—By J. Milne Chapman, M.B., M.R.C.S. (Edinburgh Medical Journal):

Mrs. C., aged forty-eight years, had frequent and painful micturition that had lasted three years and a half. When first ill a doctor told her she had inflammation of the bladder and some urethral affection (caruncle?), for both of which he treated her. September 30, 1880, could only retain water half an hour. The pudenda were reddened, also the whole vagina. Urethra somewhat gaping at its outlet. There was considerable pain on rubbing the two walls of the bladder over one another, or on introducing the sound into the viscus. Urine turbid, acid, and contained pus-cells, bladder-epithelium, and some oxalates. Urethra was dilated by the finger, increasing the bladder's retaining limit to an hour and a half. Nux vomica and uva ursi were given and the vaginitis treated by sedative applications. Effects of the dilatation disappeared in about three weeks. It was then repeated, but soon she relapsed into her former condition, minus, however, the pain and pus in the urine. Urethra examined by endoscope and a slight redness noticed. Iodoform bougies were used. Condition of bladder-wall as seen by the endoscope was normal, and now (November 8th) every hour, night and day, she had to empty her bladder. Total quantity of urine fifty ounces, which gave little more than two ounces at each micturition. Sound passed into the bladder three inches from external meatus, and could only be pushed half an inch farther, and thus pain was caused.

It occurred to me that gradual forcible dilatation of the bladder might relieve the patient. The bladder was distended with warm two-per-cent carbolic solution, and the quantity used measured four ounces. Any attempt to inject more caused the most intense pain, and the resistance was great as could be felt in compressing the ball of the syringe. From this date the bladder was filled to distension daily, injection being stopped when pain became great and resistance reached a high point. The apparatus used was Higginson's syringe attached to an ordinary catheter, care being taken to prevent the access of air to the bladder. Each day there was a gradual increase in the amount injected of from a dram to an ounce. On two or three occasions the fluid as it returned was tinged with blood, but no harm ensued.

December 20th she was discharged. Instead of micturating every hour she had only to get up once or twice during the night. Sixteen ounces could now be injected and less pain was caused than when four ounces was the limit. Two months later she was as well as when she left hospital.

It will be seen that the woman had a cystitis, with frequency of micturition, which latter remained after the former was cured; that any indication there was for further treatment was attended to either medicinally, topically, or by operation, but that still the frequent micturition continued; that the bladder was then found smaller than normal, both by measurement with the sound and by the much more certain method of measuring its capacity, and that this capacity was increased fourfold by what may be called *slow operative dilatation of the bladder*, and that the results were in all respects satisfactory. There has this week presented itself at the infirmary a case of cystitis where the bladder capacity is three ounces, and we propose soon to begin dilatation.

The Experience of the United States in recent years with regard to Asiatic Cholera and Yellow Fever.—In a paper read before the International Medical Congress by J. S. Billings, M.D., (Washington) referring to the risk which the United States runs from the importation of cholera during periods of emigration the author pointed out the necessity of some international system of notifying the existence of the disease in the various ports in the civilized world, and of some quarantine measures which should include the thorough aëration and cleansing of vessels. As to yellow fever he explained that the majority of physicians in the United States

accepted Dr. Chaillé's views—that the poison had a limited period each year for its reproduction; that immunity from attack among natives and others is due to a prior attack of the disease; that the preservation and growth of the poison is favored in places containing warm, damp, foul air, such as exists in the holds of ships; and that the influence of latitude on the disease is solely due to temperature. As regards the influence of quarantine, both in cholera and yellow fever, the author pointed out that the American system practically failed; that quarantine to be successful should be as defined by the Vienna Conference, and should consist rather in rigid medical inspection than in mere detention of vessels. When yellow fever has gained a hold in the country the means for staying its spread are isolation, disinfection, and depopulation; and he feared that the disease once existent would not be stayed by any mere perfection of the sanitary arrangements of the district in question, although it was difficult to express any final opinion as to this, because in the yellow fever region there was no city which could be deemed to be in a proper sanitary state. In the author's opinion each government should secure trustworthy information as to the existence of certain diseases, such as cholera, yellow fever, and plague, within its district. This information should be communicated to the other parties to the agreement by means of their consuls and otherwise; the bills of health needed by any Government should be signed by its own agents, who should both have the right to inspect the ships in question and be free to notify by telegraph to their respective governments the departure of any ship from an infected port. The bill of health instead of being either clean or foul should be a certificate in detail as to the sanitary condition of the port and ship.

Ribemont on Tardy Ligation of the Umbilical Cord.—Dr. J. G. S. Coghill, in his address in Obstetric Medicine before the British Medical Association, called attention to an extremely interesting and valuable communication with reference to the time and mode of separating the fetus and umbilical cord which had been made by Ribemont in a recent number of *Les Archives de Tocologie*, and which shows satisfactorily the great influence of the "thoracic aspiration" of the fetus on the umbilical circulation before its ligature. This was first pointed out by Budin, but is denied, among others by Schücking. Determined by the manometer it was found that—

1. Tardy ligature of the cord benefits the child by increasing the quantity of blood which is required for the establishment of the third circulation—that is, the fetal pulmonary.

2. The immediate ligature of the cord deprives the infant of a quantity of blood, larger or smaller in proportion to the time of ligature; and it especially deprives it of necessary blood if the ligature has been applied before the child has breathed.

3. The early ligature of the cord thus compels the abstraction of the blood necessary to establish the pulmonary circulation from the general circulation. The result is a diminution of the arterial tension equal to one third of the initial tension.

4. The cause of the penetration of the blood into the pulmonary circulatory system of the child is the "thoracic aspiration." This is proved by the constant superiority of the pressure of the blood in the umbilical arteries to that in the umbilical vein. Again, the thoracic respiration is observed to produce considerable oscillations in the tension of the arterial and venous blood. The uterine contractions are utterly insufficient to force any blood along the umbilical vein when the arterial pulsations of the cord have ceased.

5. Thoracic aspiration causes the *sufficient* and *necessary* amount of blood to enter the pulmonary vessels; *sufficient* because under these circumstances the tension in the arterial system does not fall; *necessary* because the arterial tension in the umbilical cord of a newly-born child is never seen to rise after tardy ligature of the cord.

Prof. W. T. Lusk, of New York, in corroborating Ribemont's views says that in children born pale and anemic, and suffering from syncope, late ligation of the cord furnishes an invaluable means of restoring the equilibrium of the fetal circulation.—*British Med. Journal.*

Rodent Ulcer and Epithelioma.—Rodent ulcer and epithelioma are undoubtedly closely allied affections, though rodent ulcer differs in some important respects from epithelioma. It does not affect lymphatic glands while epithelioma does, and often at an early stage of the disease. It is a rather dry ulceration with only a little secretion and no fetor, and the granulations are small In epithelioma the secretion from the ulcerated surface is abundant and fetid, and the granulations large, exuberant, and often in bosses. Rodent ulcer is confined to the upper part of the face, while epithelioma has a preference for certain localities, and may under certain conditions attack any part of the body. The points of resemblance between rodent ulcer and epithelioma are: Both rodent ulcer and epithelioma are new growths composed mainly of epithelial cells; and the new growth is only partly involved in the ulceration. As the growth increases and includes more of the skin and deeper tissues, so the ulceration continues to extend; but the ulceration does not go beyond the new deposit.

On one point I am quite settled, that rodent ulcer if left will in time so change its character as to become true epithelioma. I can not say whether this change is due to a mere progress of the disease or whether it is that rodent ulcer is peculiarly apt to have superadded to it the characters of epithelioma after the same manner as that of old standing ulcers, unhealed wounds or scars, or other simple sores that become epitheliomatous.—*Lawson, Ophthalmic Hospital Reports.*

Bromide of Sodium and Epilepsy.—Dr. Hammond's experience has proved the following to be one of the best plans of treatment for epilepsy: Dissolve eight ounces of bromide of sodium in a quart of water. Of this take a teaspoonful three times a day. After three months add one teaspoonful more to the night dose, and after another three or four months add a teaspoonful to the afternoon dose also. At the expiration of a year do the same with the morning dose, and continue with this for a year or more thereafter. If no symptoms of the disease have meanwhile appeared then gradually reduce the doses, and at the expiration of the third year stop. The attacks do not usually return after this course of treatment. Ordinarily, however, patients stop the medicine after a month or two, and in such cases the attacks almost invariably return. It is then almost impossible to bring these patients under the influence of the bromides again. The doses will have to be at least doubled, and this may so derange the system as to make it impossible to take the medicine longer.

Potassium Bromide in Orchitis and Inflamed Breasts.—J. Grammer, M.D., says that when consulted in time he finds nothing else necessary either in orchitis or milk-breast but potassium bromide in five-grain doses three times a day, or smaller doses more frequently repeated. In advanced or complicated cases a course of auxiliary measures should be used if only as a precaution or to expedite the cure; but he has never had the bromide to fail him even when used alone. In orchitis a suspensory should always be worn. In some of these cases he has seen the disease held in abeyance for weeks, when the patients would persist in the grossest imprudence in walking and horseback riding. He rarely restricts them in diet. Yet even these cases eventually recovered, without suppuration or atrophy, neither of which results has he seen since he has used this remedy. He has had no opportunity to test it in the metastatic orchitis of mumps, but is sure it will prove as useful here as in the ordinary cases; and though the inflammation is specific he expects to find the remedy efficient in the next epidemic of parotiditis he may meet with.

Dr. Grammer has seen but one case of mammary abscess since he commenced the use of the bromide of potassium for such cases, and that case occurred not long ago. The abscess had already pointed when he first saw it. He opened it and prescribed potassium bromide (two grains) every three hours during the day, and in less than a week her husband reported the patient well. This, however, was not a fair test of the effect of the bromide on a mammary abscess, for there was no infant to complicate or irritate the inflammation. It was to Dr. Grammer a unique instance of the secretion of milk during pregnancy. The woman was four or five months advanced with her fourth child, and she stated that being habitually rather irregular she always recognized her pregnancy by the appearance of milk, the secretion of which thenceforth continued.—*Virginia Med. Monthly.*

Mysophobia.—The following report by J. C. Shaw, of Brooklyn, is from the Archives of Medicine for October, 1881:

E. J., aged fifteen, brought to me by his mother on May 26, 1879. For the past few years has enjoyed good health. About six weeks ago the first decided symptoms appeared, but for months before his mother had noticed that he was excessively particular to wash his hands very clean, which is unusual for boys, as she remarks. About six weeks ago he began to say to her that he had been touching the paint; did she think it would come off the wall and poison him? He would not take off his own hat, but ask her to do it for him; also to unbutton his coat. If he wished to come in the front door he would not take out his night-key and come in, but would knock on the door with his elbow. He is afraid that if he touches any thing with his hands it will poison him. Every time he touches *any thing* he is very particular to wash his hands very clean. He spat on the carpet a few days ago, and then rubbed it off with his boot. He immediately came down stairs to his mother, told her about it, and asked if she thought he could have got any of the color off the carpet so as to poison him. He would go about holding his hands and arms away from his body as if he were afraid of touching his clothes. When he goes to bed at night he will wash his hands a dozen times and use as many towels. If prevented from doing this he appears disturbed, and will sometimes rush over to the water-pitcher and thrust his hands in, which appears to satisfy him. For a short time past he has frequently asked his mother if he had cobwebs on his face, and especially about his mouth. His mother thinks that of late he has presented a vacant, idiotic expression that he never used to have.

When the boy is talked to he speaks sensibly, but will give no explanation of why he is afraid of being poisoned by touching things; says he has frontal headache at times, especially when he goes to school; for the past six weeks has not gone to school, and has not had the headache, but a few days ago had a sharp pain in left occipital region. He looks dull and apathetic; is not given to self-abuse. He has a decided neurotic family history. The brother and father of his mother suffered from some nervous disorder, but no accurate account of it could be obtained; but I infer that it was a mental disorder. The marked neurotic family history in this case inclines me to the opinion that graver mental disorder will be developed in this boy.

Mode of Absorption of Mercury.—After the inunction of the ointment of mercury in rabbits and men Furbrenger failed to discover any trace of mercury in the rete Malpighii of the skin, but globules were visible in the hair-follicles and in the sweat-ducts. If, however, the epidermis was first removed the metal was then found in the corium, but only a few isolated globules could be seen in the deeper layers of the skin and in the subcutaneous tissue. After exposure to mercurial vapor no mercury could be found in the hair-follicles or sweat-ducts, although the surface of the skin was covered with a gray deposit. Twenty-four hours after an injection of a mercurial emulsion into the jugular vein the presence of dissolved mercury in the blood could be demonstrated in five out of eleven experiments, and the liver always contained mercury in a state of solution. Hence it seems certain that metallic mercury becomes dissolved in the blood. The metallic mercury in the hair-follicles was considerably diminished in quantity in eight days, and those globules which remained were oxidized on the surface, angular, and dirty-black in color. It is probable that the fatty acids of the skin assist in the solution.—*London Lancet.*

The Effects of Oil of Tansy.—Dr. G. Jewett (Boston Med. and Surg. Jour.) reports eight cases of poisoning with this drug. Case 1: Fifteen drops at 11 A.M., teaspoonful at 2 P.M.; convulsions, shock, general cyanosis; recovery. Case 2: Teaspoonful to promote catamenia; convulsions and death in one hour and a half. Case 3: Unknown quantity to cause abortion: convulsions; death in three hours and a quarter; no abortion. Case 4: Teaspoonful to cause abortion; coma, recovery; no abortion. Case 5: Four drams; spasms and death. Case 6: To cause abortion; rapid death; no abortion. Case 7: Decoction of tansy-leaves to produce abortion; paralysis; coma; death in twenty-four hours without abortion. Case 8: Infusion of leaves daily for a week; also for vaginal injection; abortion, metritis, peritonitis; recovery after three months. As druggists are often asked for oil of tansy under various pretenses we believe the above table will be useful in reminding them of the dangers attending the sale of tansy and its preparations.

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"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

TO THE PERSON RECEIVING THIS COPY AS A SPECIMEN.

The NEWS enters its seventh year January 1, 1882. Its support is assured; its character as a live, accurate, and newsy medical journal well established. Your attention is solicited to the unusual excellence of its paper, type, and press-work. Items, reports of cases and of transactions of local societies will be gratefully received. Your subscription is invited.

EPIDEMIC CONVULSIONS.

While reading an article on chorea major in a standard work of recent date we were somewhat surprised to find this form of the disease spoken of as obsolete, having passed away since the Middle Ages. Including under this term those extraordinary involuntary movements occurring under the stimulus of peculiar psychical states, not hysteria and yet very closely allied to it, we are quite sure that every night it may be seen within a stone's throw of the spot where this is written. At a neighboring church the religious exaltation induced in the superstitious negro by stentorian appeals to his fears of damnation are quite sure to produce paroxysms of some sort, especially in the female part of the congregation.

The epidemics of the Middle Ages were regarded by Hecker as a religious craze complicated by the wild physical contortions and dances known as *chorea germanorum*. According to Rosenthal, Cantani states that it is frequently observed nowadays in Italy among the ignorant peasantry, and Davidson has recorded an epidemic of choreomania which within our times appeared in Madagascar. This outbreak was described as paroxysms of dancing combined with rotatory movements of the head and seesawing of the arms, which lasted for hours. It occurred among the superstitious classes, who were laboring under excitement wrought by general social and political changes.

An interesting contribution to the literature of the subject appeared in "Brain" for October, 1881. It is a paper prepared by Dr. David W. Yandell, which tells a surprising story of choreomania with such graphic touches that if our space permitted the whole of it should be reproduced.

The epidemic which he describes reached its height about 1800, to reappear for several years afterward, and before it declined it had involved Kentucky, Tennessee, and a part of the Carolinas. At one time so general was its spread that during a religious campmeeting in Kentucky not less than three thousand persons fell in convulsions to the ground.

Under the preaching of the Rev. James McGready, who was loud in voice and passionately eloquent, a revival of religion and the onset of the epidemic began simultaneously in Logan County, Ky., about 1787.

In 1800 the religious excitement ran so high that ordinary daily employments were abandoned by men, women, and children, and continuous campmeetings kept the ardor of religious feeling at a full blaze. Immense concourses gathered in the woods of persons "convicted of sin," who sang to and exhorted each other through the day and by torchlight into late hours of the night. Such unusual proceedings produced a marvelous effect upon the imagination of the simple-minded and emotional, heighten-

ing to an unheard-of pitch the effect of perfervid oratory.

These physical manifestations came to be regarded as the most valid proof of "conversion," and hence every resource was drawn upon which would increase the mental and physical susceptibility. It is no wonder that thousands fell in convulsions, and that some ran mad for a season, "roaring, howling, praying day and night." A preacher named Grenade, a veritable son of thunder, was followed by great crowds, who sought to "get religion" by the startling effects his impassioned oratory and violent demonstrations invariably produced. So much power had he over this believing and excitable people that, according to his own words, they fell as if slain by a mighty weapon, and lay in such heaps that they were in danger of suffocation. A few shrieks from the women would precipitate the congregation in convulsions. In some persons there was numbness of the extremities, in others catalepsy, lasting occasionally for hours or even days. Sometimes they were seized by paroxysms closely resembling epilepsy, but most often a choreic form was experienced called the "jerks." The jerks appeared first in the forearms, but later the entire body became terribly involved. The head was thrown about with alarming celerity, causing the hair, if it was long, "to crack and snap like the lash of a whip." Sometimes, says an observer, the subject was affected in a single member of his body, but at other times the spasms were universal. When the head alone was affected it would be jerked from side to side so quickly that the features could not be distinguished. "When the whole system was affected," he continues, "I have seen the person stand in one place and jerk backward and forward in quick succession, the head nearly touching the floor behind and before. All classes, saints and sinners, the strong as well as the weak, were thus affected. I have seen some wicked persons thus affected, and all the time cursing the jerks while they were thrown to the earth with violence."

From a very vivid picture of this frenzy given by Rev. R. McNemar, an eye witness, quoted by Professor Yandell, we learn that nothing in nature could better represent this strange and unaccountable operation than for one to goad another alternately on every side with a piece of red-hot iron. But the most incongruous and astonishing feature of the epidemic was the "holy laugh." The writer once saw a case of chorea affecting the diaphragm and other muscles coördinated in laughter, which occurred as chorea minor usually does without regard to mental stimulus. The "holy laugh" was more nearly akin to the ordinary attacks of hysterical laughter, and was regarded like the convulsions as a marked instance of the supernatural and as a token of divine favor. What could be more grotesque than to hear a congregation in the most devout mood laugh aloud during a sermon, unless it was to see some of them gravely dance and others end the performance by barking on all fours like so many dogs! In 1803 the infatuation had reached such a pitch that these ridiculous antics were esteemed by the credulous as exhibitions of heavenly interest in the unfortunate subjects.

A great many attendants on worship were exempt by native absence of susceptibility, while others managed to control the impulses of an unstable nervous system which they could not help feeling. At last in the name of order the preachers turned their eloquence against these exercises, and the craze died away.

Dr. Yandell at the close of his paper offers the following explanation of their nature: These perverted muscular movements all come under the head of morbid reflex action. By the continued religious fervor the central portions of the brain, the immediate seat of emotion and feeling, became inordinately excited. The impression transmitted downward to the spinal cord threw the muscles of voluntary motion into convulsions. Sensibility, which has its seat in the sensory ganglia, was generally annulled. When the hemispheres became involved the

subjects fell into a state of unconsciousness or coma. In this abnormal condition of the nervous centers, the bare recollection of the distressing scenes was sufficient in many cases to excite the convulsive movements. The former belong to sensori-motor actions; this last is an example of ideo-motor movement, instances of which are afforded by the act of vomiting, which may be caused by the recollection of disgusting sights or odors. The principle of imitation accounts for the rest. The great nervous centers in multitudes of people being in a state of polarity any unusual exhibition of feeling would throw the more excitable into spasms; and the affection would then spread by sympathy, as hysterical convulsions and chorea are known to spread among girls at boarding-schools. And as fear has checked these, the epidemic convulsions were checked by reason and common sense, and finally ceased under the law which limits all violent action.

Original.

SELF-ABORTION.

BY WM. H. HARDISON, M.D.

It is strange that some of the leading men of our profession are inclined to sneer at the possibility of a woman producing self-abortion. It is said that Dr. J. W. McLane, who succeeds Dr. T. Gaillard Thomas in the College of Physicians and Surgeons, delivered a lecture last winter to a jury, as expert, upon the impossibility of self-abortion. In this he seems to me to resemble that class of physicians who deny the existence of oxytocics, or the well-established physiological effects of some other most important drugs, doubting the experience of others simply because on their probably imperfect test of perhaps inferior articles these drugs failed to show their reputed power. He must see for himself the woman, the means, and the effect, and know personally from ocular demonstration that abortion has taken place as the effect of the means used by the woman only, before he will believe the possibility of self-abortion. As he has never seen a woman produce self-abortion, and fails to believe in the experience of others on this head, he assumes it to be an impossibility on *à priori* grounds.

I will give the particulars of a few cases which will illustrate the fact that a woman can not only produce self-abortion, but can do so scientifically.

In the fall of 1877 I saw Effie D., eighteen years of age. Four days before my first visit she miscarried, which was followed by puerperal peritonitis, for which latter trouble I was called to see her. Her elder sister gave me the following account of the case: Out of wedlock she had become pregnant. When three months gone in pregnancy she sought to produce abortion by the advice of an old woman, who told her to get a round stick, as large as she could introduce well into the vagina, round and smooth at one end, then introduce it and "job" the mouth of the womb with it as hard as she could "stand" it, and to repeat the procedure three or four times a day until the desired effect was produced. After the third day's "jobbing" she was taken with labor-pains, and within eight or ten hours abortion was completed.

The following case shows the application of scientific means to create self-abortion:

In the spring of 1879 I was summoned by a servant-girl in great haste to see Mrs. G., the wife of a railroad-man, whom she said was in a dying condition. I found the patient unconscious, and while examining for a cause of her condition I noticed that she was having something very much like labor-pains. I inquired of the servant if the patient was in the "family-way," but she said she did n't know, and all I could learn from the girl was that while in an adjoining room she heard the patient scream, and when she got to her she was in the unconscious state in which I found her. I was soon convinced, however, that my patient was having labor-pains, and at once made a digital examination; and you may judge of my surprise when I found what subsequently proved to be a small rounded piece of whalebone, ten or twelve inches in length, protruding from the vagina. Further examination revealed the smaller end lying loosely in the mouth of the womb, which was considerably dilated. I removed the whalebone and in ten or fifteen minutes the womb expelled a fetus of perhaps three and a half or four months. My patient soon rallied and became very talkative and free to *explain*, after the servant girl, who was the only other person in the house, left the room. She explained as follows: Three years previously, while residing in Chicago, she went to full

term in her *first* pregnancy, and the child had to be taken from her in pieces. In a year she again became pregnant, when upon consulting her physician, the same who attended her before, he advised the propriety of an early abortion, to which she and her husband readily agreed. She was then about three months advanced, and the operation was performed by the physician introducing a long flexible instrument (perhaps a gum-elastic bougie) into the womb and leaving it there; she lying in bed from the time of its introduction until she aborted. Again becoming pregnant, having left Chicago, being about three months advanced, and fully determined on abortion she decided to undertake the operation herself. I will say just here that she was a woman of unusual intelligence, and knew more about herself than most women do about themselves. So she procured the piece of whalebone and prepared it very nicely; she then went to bed, and with the forefinger of the left hand found the mouth of the womb, and with the right hand succeeded after a while in introducing her improvised probe. In about three hours she began to feel some pain, which gradually grew worse, and the last she remembered until "all was over" was a very severe pain which seemed to extend from her womb to her head.

A very common practice among the negro wenches of the South inducing self-abortion is by jumping from high places, such as a fence or a gatepost, to the hard ground. I believe that a very large majority of self-abortions as well as all other superinduced abortions are produced by the use of oxytocics, principally cottonroot and ergot. I think I am warranted in estimating the proportion of self-abortions as at least one third of all that are superinduced.

RICHLAND, ARK.

Correspondence.

PUERPERAL CONVULSIONS.

Editors Louisville Medical News:

Allow me to report a case of puerperal convulsions, forceps-delivery, and recovery.

On the morning of October 17th, about six o'clock, I was called to see Mrs. B. I was informed she had been having cramping pains since one o'clock. I made an examination and found the os considerably dilated, the passage well moistened, and pains getting more frequent and stronger. Not a drop of blood had made its appearance before I got there, nor was there a sign of any until after birth of the child. However, the labor-pains went on favorably till the os was almost fully dilated, then they began to fail, getting less frequent and less effective, the patient taking a little rest or nap between the pains. Each examination revealed the fact that every thing was all right, with the exception of the slow rate of progress. The head was found presenting in the first position, parts moist and lax, but the progress was not what it ought to have been, so I kept waiting expecting the pains to increase. I stepped out of the room a minute, and was hurriedly called back by the nurse, saying the woman was in convulsions. Shortly after recovering from this one she was seized with another much harder than the first. The forceps was easily applied and delivery effected in short order. The uterus contracted well and the patient appeared to be doing well; but while I was applying the bandage she looked up at me and said, "I 'm afraid something is going to happen." I looked and saw that she was going to have another convulsion, which she did in spite of efforts to check it. This over, she was ordered to keep perfectly quiet, and was given fifteen grains bromide of potassium, together with twelve grains of chloral hydrate, every hour. The patient recovered perfectly, not having another bad symptom.

R. J. LEONARD, M.D.

2372 CHAUTEAU AVENUE, ST. LOUIS.

Editors Louisville Medical News:

Some time ago I was summoned in haste to see a colored woman who, the messenger said, was having "fits." Upon my arrival, about eleven o'clock, I found the patient just emerging from a fit, which was readily diagnosed as puerperal convulsions, the patient being *enceinte* and nearly at term. The convulsions came on with alarming frequency, as often as every five or ten minutes. The neck and face were congested to a high degree, the eyes were as if set in their sockets, pupils were dilated. The jaws of the patient being tightly closed and partially tetanized I was powerless to act as far as administering any thing was concerned, therefore I busied myself, together with the assistants at hand, with keeping the patient from falling out of bed, which was no light task for four persons.

After the spasms had abated to some ex-

tent I attempted to give ten grains of hyd. of chloral and twenty grains of pot. bromide, but was again prevented by the tetanized condition of the jaws, and being without either chloroform or the hypodermic or rectal syringe I was unable to do any thing. Just before night, after having been with the patient nearly all day, I managed to get a dose of chloral and pot. bromide down the patient, which had the desired effect for a while. A consulting physician did not arrive till 9 o'clock in the morning, at which time he met me in consultation. Upon arrival we found that the convulsions had ceased for the time being and that the patient was resting easy. Her mind was wandering and she was talking incoherently. Being quite plethoric several ounces of blood were taken. At this stage we were totally unable to derive any information from the patient in regard to labor-pains. We made a digital examination, she being yet in a state of unconsciousness, and found the os dilated to the dimensions of a silver dollar, with no probability of a termination for several hours. We therefore left after giving the necessary instructions. In the meantime, I having other business to attend to, a woman midwife was called in and delivered the child still-born, the mother being unconscious. Subsequently the patient was treated with quinia and opium to combat malaria and inflammation. She recovered but her mind has never been right since.

J. K. P. CALDWELL, M.D.

DENMARK, TENN., October 19, 1881.

Reviews.

A Manual of Practical Normal Histology. By T. MITCHELL PRUDDEN, M.D., Lecturer on Normal Histology in Yale College, etc. New York: G. P. Putnam's Sons, 27 and 29 West Twenty-third Street. 1881.

This is essentially a practical work by a practical teacher. The text is clear, admirably condensed, and the directions for manipulation and the paragraphs devoted to histological description address themselves so directly to the understanding of the student that even the dullest need not miss their meaning. The book gives evidence of having been made up from the carefully-noted results of the author's own practical studies and is innocent of theories or suppositions.

In a space of less than two hundred and forty-nine small pages the essential peculiarities of all the tissues of the human body are made plain, and nothing but a collection of well-executed woodcuts is needed to make the work all that the student could wish for. We hope the next edition will contain this important addition, and that the author will supplement this book with a similar treatise upon pathological histology. This subject treated in the same succinct style and bound in the same volume with the work under notice would form a manual in every way suited to class demonstration, and one much needed at this time. We cheerfully recommend it to all who desire by practical study to acquaint themselves with the subject of normal histology.

The Science and Art of Midwifery. By WILLIAM THOMPSON LUSK, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in Bellevue Hospital Medical College, etc. With numerous illustrations. 8vo, pp. 687. New York: D. Appleton & Co. 1881.

At the first glance through the pages of this book the eye is caught very often by the large and accurate illustrations, most of which are new or taken from unfamiliar sources. More than two hundred figures are used to the great help of the reader in every case. The science and art of midwifery are intimately associated with anatomy and mechanical relations. A treatise intended for the instruction of students in this branch would be quite defective if figures were not plentifully used. There is no lack of them in Dr. Lusk's book.

The first chapter is a terse account of the physiological anatomy of the female generative organs. Two chapters are devoted to the development of the ovum. The author inclines to the view that the fimbriæ of the fallopian tubes do not grasp the ovary, having no erectile tissue, but that the ovum is directed in its migration by the motions of the serum set up by the ciliated cells of the tube. He believes that fecundation normally occurs in the ampulla by the penetration of spermatozoa into the ovum. There is very much in this part that is new to American doctors of ten years' standing.

To the physiology of pregnancy two chapters are given; the latter of which is very instructive in the diagnosis of that state. The management of pregnancy has one chapter full of practical therapeutic hints. To labor in its normal aspects six chapters are devoted. The puerperal state is the heading

for the physiology and management of childbed. The pathology of pregnancy includes four chapters. Then follow large divisions of the book treating of obstetric surgery, the pathology of labor, and diseases of childbed. In these last divisions the hand of a master is to be recognized. They are not so full in historical recitals as some works we know, but they make up for this defect in the more important features of systematic descriptions of diseased states and thoroughgoing analysis of surgical and therapeutical appliances. Beyond doubt it will please the profession universally, and fit well the vacancy in American obstetric literature left since Meigs, Hodges, and Bedford have fallen out of print and out of demand.

Formulary.

HEMORRHOIDS, CAUSE AND TREATMENT.

Dr. S. S. Todd (St. Louis Courier of Medicine) says that constipation is the almost constant predisposing, and drastic cathartics the exciting, cause of hemorrhoids. In treating *recent* cases a saline cathartic should be first given, which may be followed by—

Ext. colocynth co.....	gr. xxx;	2.00 Gm.;
Ext. nux vomica.....	gr. xx;	1.33 Gm.;
Ext. belladonna.....	gr. x;	0.66 Gm.

M. Make forty pills. Dose, one at bedtime.

Let the patient have a fixed hour for going to stool, and restrain all desire for evacuation of the bowels at other times. Should the above cause a liquid stool, reduce the quantity of colocynth; and should the pill fail to promote one soft, consistent motion daily, the colocynth must be cautiously increased.

In addition to the above the following will be found to give instant relief from pain and accelerate the cure:

Iodoform.....	℥j;	4.00 Gm.;
Balsam Peru.....	℥ij;	8.00 Gm.;
Cocoa butter..... } White wax..... }	āā ℥jss;	6.00 Gm.;
Calcined magnesia.....	℥j;	4.00 Gm.

Incorporate the mass thoroughly and divide into twelve suppositories. Insert one after each evacuation of the bowels, and oftener if needed.

Old, chronic cases are treated as follows: All tumors found at the verge of the anus are to be clipped off with the scissors. If situated within the internal sphincter, move the bowels by means of magnesia sulphate, after which have the patient to sit over a vessel containing hot water, and direct him to bear down. If this does not bring the tumors into view, introduce the finger and so provoke tenesmus, which, with further effort upon the part of the patient, will generally bring the tumors within reach. They are then each to be seized with the forceps, and five or ten minims of the following injected by means of a hypodermic syringe:

Silver nitrate.....	℥j;	4.00 Gm.;
Water (distilled).....	℥j;	30.00 Gm.

No pain is felt except that produced by handling the parts. One of the suppositories above mentioned may now be introduced; and if the treatment before suggested for constipation be judiciously followed up, no further treatment will be required. The tumors immediately become hard, atrophy, and in about ten days have wholly disappeared.

This treatment need not confine the patient to the house.

Pharmaceutical.

SOLUBLE COATED PILLS AND GRANULES. Certainly the most eligible form in which medicine may be prepared is that of the coated pill or granule. By this means the drug is protected from the oxidizing effect of the atmosphere, accuracy of dose and convenience in exhibition are secured, and any disagreeable taste covered. Surely with such means of avoiding the evil the physician who teases the gustatory nerves of his patient with a bitter or nauseous dose is in most cases inexcusable. The coated pills and granules are especially adapted to the needs of the country practitioner, whose materia medica is often made up of a few tinctures, powders, and extracts with flavor and odor unmitigated by art; and whose pharmaceutical appliances frequently consist of nothing more imposing than a plate, a jackknife, and a few pieces of paper. When medicines are dispensed in this primitive manner the dose is often wide of the mark, the immediate effect nauseous, and the desired result uncertain; but when supplied with the elegant preparations in question, our friends of the saddle-bags may rival the best endeavors of their city *confrères*, please their patients, and drive from their fields of labor that parasite of their legitimate harvest, the homeopathist, whose most potent claim to the consideration of the sick is that he requires them to take no disagreeable drugs.

Messrs. W. H. Shieffelin & Co., of New York, have devoted years to experiment and improvement in this department of pharmacy, and from repeated trial we are prepared to say that their soluble coated pills and granules contain medicines of the best quality, displaying in their preparation the perfection of pharmaceutical art.

DURING the present low price of quinine the cheaper alkaloids, as a rule, are less in demand than formerly; but quinquinia, notwithstanding this, still maintains in professional favor its well-earned place as a rival of quinine.

Miscellany.

TOTAL EXTIRPATION OF THE UTERUS FOR CANCER.—This operation may be said at present to be on its trial, for surgeons are not yet agreed as to whether the prospect of benefit outweighs the risk. The statistical accounts that have as yet been published are incomplete, and therefore not quite in agreement. We want figures to show us first in what number of cases the operation itself proves fatal, and then in how many of those who recover from the operation the disease returns. The statistics are not in agreement; first because improvements are being made in the technique of the operation, and in estimating the probable future mortality of an operation we must reject cases in which the operation was not done in the way which better knowledge has shown to be the safest, and also because some cases published as cures have afterward relapsed. Bearing in mind these errors the following statistics will be interesting:

Mikulicz (*Wiener Medizin. Wochenschrift*) quotes from Ahlfeld a table of sixty-six cases, out of which forty-nine proved fatal; in four the operation could not be completed, and of the thirteen who recovered in six relapses occurred; of the remaining seven in some the period since the operation at the time the figures were compiled was too short to allow the occurrence of relapse to be considered improbable. Some later statistics are more favorable. Kleinwachter, writing at the beginning of the present year, collected ninety-four cases of operation with twenty-four recoveries; but Kaltenbach, writing about the same time, out of eighty-eight cases enumerates thirty as successful. These figures evidently want sifting. They all relate to cases in which the uterus has been extirpated by abdominal section. Olshausen has collected (*Berliner Klin. Wochenschrift*) forty-one cases in which the uterus was removed by the vaginal method; of these twenty-nine recovered and twelve died. To these he adds six performed by himself, all of which so far as the operation was concerned were successful.—*Med. and Surgical Repo ter.*

A NEW AERIAL DISINFECTANT.—M. Peyrusson proposes to purify the air by nitrate of ethyl, which he considers one of the best antiputrescent and antifermentescible agents (*Jour. de Méd. de la Haute-Vienne*, *Progrès Médical*). His method of proceeding is to make the nitrate of ethyl extemporaneously by putting a mixture of alcohol and nitric acid in large open porcelain vessels, and gently warming these porcelain capsules over hot water. In proceeding thus he changes the proportions of alcohol and nitric acid indicated for the preparation of these ethers so as to avoid the disengagement of acid vapors; and he recommends the use of four parts of alcohol of 90° to one part of nitric acid of 36°. In these preparations the secondary products of the reaction are never disagreeable; the alcohol which is in considerable excess completely saturates the acid products, which, however, are none the less active by reason of the nascent state in which they occur at the moment of decomposition by the impurities of the alcohol. He recommends the system thus simplified in hospitals, maternities, barracks, and other public establishments. Each evening about fifty grams of the mixture to one hundred cubic meters of air should be put in porcelain capsules placed about the wards, and it may be put upon vessels containing warm water. This mode of purification of the air is, he says, inoffensive and agreeable. The nitrate acts on the germs of putrefaction which are floating in the air in great quantity in hospital wards and destroys volatile infected agents.

MEDICAL STUDENTS.—There is much, very much, that is mentally depressing and physically deteriorating in the daily duties of students of medicine. When in the intervals of his gloomy work the "medical student" dissipates somewhat riotously every moralist is "down on him." It is altogether forgotten that young men with a fair share of animal spirits must and will find some vent for their energy, and that when they indulge in recreation it is likely to take some more than commonly boisterous form, because of the unwonted repression produced by the most lugubrious of surroundings. Prisoners are known to break out in paroxysms of rage every now and again from very stress of the monotony of their lives. So it is with the medical student; he is excessively lively in his leisure hours because he is excessively borne down and depressed in his hours of attendance at lecture, in the wards of the hospital, and in the post-mortem and the dissecting-room. He has a special claim to consideration on the score of his unnatural surroundings which are altogether alien to the spirit and genius of youth.—*London Lancet.*

The Carrier Pigeon in Medical Practice.—A physician of Erie, Penn., is training homing pigeons for use in his practice. Some of his young birds put upon the road to make record for distance have made very good time—viz. fifty miles in ninety minutes, sixty-six miles in eighty-two minutes. Homing pigeons are largely used by country physicians both here and abroad. One doctor in Hamilton County, N. Y., used them constantly in his practice, extending almost over two townships, and considered them an almost invaluable aid. After visiting a patient he sends the necessary prescription to his dispensary by a pigeon; also any other advice or instruction the case or situation may demand. He frequently also leaves pigeons at places from which he wishes reports of progress to be dispatched at specified times or at certain crises. He says he is enabled to attend to a third more business at least through the time saved to him by the use of pigeons. In critical cases he is able to keep posted by hourly bulletins from the bedside between daylight and nightfall, and he can recall case after case where lives have been saved which must have been lost if he had been obliged to depend upon ordinary means of conveying information.—*New York Times.*

Improvements in Hypodermic Injection. Dr. Mason recommends the following as the best way of dealing with the piston of the hypodermic syringe when its packing gets worn and loose so that it does not work readily. Remove the small nut at the end of the piston and take half of the packing off (it is usually in two parts) and place between them a piece of chamois-skin. Cut it round leaving it somewhat larger than the packing. It will absorb water, swell, and completely fill the barrel. A trial of this will convince the most skeptical of its value over all other devices to do away with the most annoying feature connected with the use of the syringe.—*Med. Times and Gaz.*

We clip the following item from the New York Herald of November 16th. It concerns a gentleman who during his recent residence in Louisville made many friends:

Dr. Benjamin J. Baldwin, of Alabama, was elected resident house-surgeon yesterday by the surgeons and directors of the Manhattan Eye, Ear, and Throat Hospital. Ex-Gov. Morgan recently donated fifty thousand dollars to the institution. The new building is at Park Avenue and Forty-first Street.

Simulated Disease in a Child.—A brief account of a case of simulated disease in a child, described by Herr J. A. Malmgren, is given in the *Nordiskt Mediciniskt Arkiv.;* A girl seven years old, daughter of a laboring man, complained of pain in the knees and tendons of the legs, and lay in bed more than two months with her thighs drawn close up to her abdomen. After this the child, who lived at a distance, was seen for the first time by Herr Malmgren and examined, with the result that no disease could be detected. The legs were now forcibly extended and a bandage was applied. The next day the child, being tired of this, declared that she could lie without being bent up. The parents took off the bandage; she lay straight, but said that she could neither walk nor stand on her legs. In this state her parents allowed her to lie six or seven weeks, in the belief that she was paralyzed. She now, however, conceived the idea of counterfeiting dumbness; she could no longer be induced to speak. Her Malmgren endeavored, by means of pricking and pinching and the induction-apparatus, to make her utter a sound, but in vain, although a copious flow of tears showed that she felt pain. When, however, she was told that it was necessary for her to go and live in Herr Malmgren's house, and thus to be separated from her parents, the power of speech returned and permanent recovery followed.—*British Med. Journal.*

Nitroglycerin.—In the United States the prescription of nitroglycerin has given rise to some popular apprehensions which are amusingly conveyed in the following extract from a daily paper:

"See heah boss!" exclaimed Uncle Abe as he watched the druggist carefully, "ain't ye makin' a leetle mistake dar? Dis niggah done learn to read, an' 'pears to me dat it says 'Nitro Grycerum Pill' on dat bottle. *What if it duz?* du ye say? Well, now I just think it makes a heap o' difference. Dem last pills ye guv me jist made me git up and dust, and now if I take grycerum pills, dar won't even be dus' left. I don't bleeve ye understan' wat powerful med'sin dat are. Need n't put it up, sah; I would n't tetch it! I'd be fear'd to carry it roun' wid me. *De doctor ordered it?* Yes, I knows he did now, and I knows why. Dat man's bin laying a trap fur me ever since las' winter. I was doin' his chores roun' de barn, an' two of his pure blood chickens followed me home, an' nex' mornin' 'Liza diskivered

'em in de woodshed wid dar feet friz, so she jest made a pie of 'em, an' dat same Doctor King was weak min'ed 'nough to think I coaxed dem birds home wid me. *Don't know much 'bout dat grycerum med'sin*, duz ye? Better set it down, 'an set it down kind o' easy too. Fact is I doan' like to stay whar dat med'sin am kep'. *Good med-'sin, did ye say*? Yes, cause ye'll never need any mo'. One dose is all ye want. Ye'll be cured suah, specially ef some one runs agin ye and jars ye a little, or ye stubs yer toe an' falls down. Hit won't bear no foolin' wid, dat med'sin won't. Dat ole King said de subscription was suah to kill or cure, and he was mighty right. We used dat nitro grycerum over in Wes' Virginny to dig ile-wells wid, but I never knowed dey made pills of it afore. Jis' han' me back dat subscription. I'se goin' down dis minit to show it to de squier, an' I'll get out a replevin for dat Doctor King afore dark. I think dat subscription 'll send him up, I do! Uncle Abe Jenkins ain't de man to set down an' have hisself blowed all into pieces in cold blood, an' all jist on account of two chickens follerin' him home!" And the old man took his prescription and departed for the office of Esquire Worthington.—*London Lancet.*

Responsibility of the Surgeon.—Volkman, before the International Congress, said that the surgeon is responsible for every disturbance that occurs in a wound; that it is his fault if even the slightest reaction or redness is developed in it, or if an amputation is not healed by first intention. He must reproach himself severely if after an operation bagging of pus occurs, and especially if death occurs from pyemia.

[If Volkman can make these assertions authoritative, we may look for a marvelous increase in the number of malpractice suits. —Eds.]

Prof. Pasteur and the Yellow Fever. Of Prof. Pasteur's journey in quest of yellow fever germs, M Latour (*Union Médical*, September 24) writes as follows: Prof. Pasteur, who is not in early life, for he was born in 1822, and whose health has suffered from a serious accident, has in the midst of his brilliant career and all the celebrity which his admirable discoveries have bestowed on his name, and when he ought to be enjoying some of that repose so legitimately acquired, given up his holidays and the vivifying air of his Jura mountains to go—where? To shut himself in a lazaretto in company with some unfortunate beings who have brought with them the fearful yellow fever from Senegal, in order to search in their dejections at the peril of his life for the *microbe* that may perhaps be the cause of this terrible affection, and in the hope of being able by his skillful and patient "culture" to find the "vaccinator" for the black vomit as he has found it for anthrax and chicken-cholera. Whatever may be the result of his expedition it will do none the less honor to Prof. Pasteur. Even if his generous hopes are not realized he will at all events have given proof of his great courage in having undertaken these perilous experiments on a disease which by infection or contagion prostrates the most robust.—*Med. Times and Gazette.*

Medical Women in Boston.—At a meeting of the Suffolk Medical Society, where Dr. Bowditch proposed resolutions censuring Harvard University for refusing medical instruction to women, and the Massachusetts Medical Society for refusing to admit them as members, it was stated that there were now more than a hundred women engaged in the practice of medicine in the city of Boston alone; this being more than one eighth of the entire number of all the various professors of medicine. "At present," said one of the speakers, "we are practically driving every woman who would be a physician into quackery. A large number of the students of the Boston (homeopathic) University are women; not because they desire to be homeopaths, but because it is the one place where woman is welcome to a free rivalry in medical study." The resolutions proposed by Dr. Bowditch were negatived. —*Boston Med. Journal.*

Night-calls.—The New York Med. Record mentions that a physician is suing, at Shelbyville, Ind., for a divorce from his wife on the ground of cruel and inhuman treatment. Having a large practice, he is often called out at night. His wife, being jealous, refused to believe that all his absences from home were professional, and demanded that he should stay in of nights. He said that his patients would not stand neglect. Then she adopted the plan of taking poison whenever he had a night-call, thus compelling him to remain and doctor her. She swallowed a deadly drug in this way several times, and her life was saved with difficulty. The husband claims that such conduct is a just cause for divorce.

PASTEUR ON VENOMOUS SALIVA.—The latest results of Pasteur's study of inoculation of human saliva are given by a correspondent of the British Med. Journal. Says he: M. Pasteur continues his parasitic warfare with unbroken zeal, and by further experiments with human saliva he has made the startling discovery that the saliva of a person fasting is venomous, as it contains the same parasites as those found in the saliva of children which he had previously described; but that on the person breaking his fast his saliva is deprived of the venomous quality, as the parasites are taken into the stomach with the food. All this is terrible to contemplate; and even M. Pasteur was confounded, as the result of his experiment was as awful as it was unexpected. The learned biologist made no attempt at explanation, but said he would for the present only point to the fact, which, he added, was in itself very suggestive.

RESUSCITATION OF FROZEN ANIMALS.—A conflict of opinion exists between experimenters on the one hand and clinical surgeons on the other as to the best method of resuscitating frozen animals (including human beings). While the latter almost without exception advocate the gradual introduction of heat, the former (Beck, Horwat, and Jacoby) claim that it should be applied rapidly. In order to decide this question, Laptschinkski has performed careful experiments upon dogs in the clinic of Prof. Manassem. The results were confirmatory of his views on the subject, and are summarized as folfollows: Of twenty animals treated by the method of gradual resuscitation in a cold room, fourteen died; of twenty introduced at once into a warm apartment, eight perished; while of twenty placed immediately in a hot bath all recovered.—*Internat. Surg. Record.*

CANDID.—A gentleman called to consult a physician in regard to a serious form of rheumatism. The latter wrote him a prescription. As the patient was going away the doctor called him back. "By the way, sir, should my prescription afford you any relief, please let me know, as I am myself suffering from an affection similar to yours, and for twenty years have tried in vain to secure any relief."—*Chicago Med. Review.*

[The above was headed *honesty* by the Review; but under the presumption that the doctor charged a fee for his prescription we have taken the liberty to change the title of the article.—EDS.]

Selections.

On Gangrenous Eruptions in Connection with Chickenpox and Vaccination.—By Jonathan Hutchinson, F.R.C.S., in British Med. Journal:

A child in perfect health was vaccinated with several others from the arm of a healthy infant. None of the other children suffered. In this child nothing unusual happened to the vaccination-vesicles, which ran their course naturally. On the eighth day after vaccination, however, an eruption came out on the body and limbs which three days later was diagnosed by the vaccinator as variola. Some of the spots had at this time become dusky, and threatened to slough; and afterward gangrene attacked large numbers of them. Between the eleventh and twenty-first days no surgeon saw the child. It died on the latter date; and an inquest having been held the coroner requested Mr. Hutchinson to examine the body, and report on the nature of the disease. The body, which on a former occasion was shown to the society, and of which drawings were again produced, was that of a well-grown healthy child. It was covered with gangrenous sores; the sloughs being black, and in many instances extending into the subcutaneous cellular tissue. Some of them were as large as shillings. There were numerous smaller sores on which no gangrene had occurred. The sores were arranged with tolerable symmetry over the scalp, face, trunk, and limbs, but the hands and feet were exempt. A post-mortem examination by Dr. Barlow showed no disease of internal organs. The child had died from exhaustion in connection with the extensive affection of the skin.

The author stated that so far as he knew this was the first example of a gangrenous eruption following immediately upon vaccination, and that he was inclined to regard it as an instance of the vaccinia exanthem running, in connection with idiosyncrasy, an unusual course. Since the case was first brought before the society in November 1879, another almost similar one had occurred in Dublin, and had been carefully recorded by Mr. William Stokes. By the kindness of Mr. Stokes drawings representing the condition of his patient were presented to the meeting. In this instance the patches of gangrene, although larger, were fewer in number and more superficial; and the infant, although for a time in great danger, eventually recovered. The two cases were almost exactly parallel, excepting that in Mr. Stokes's case a much shorter interval between the vaccination and the appearance of the eruption was assigned by the mother. There were, however, great doubts as to her accuracy and truthfulness, since the medical man whom she asserted to have vaccinated the baby said that he certainly had not done it on the day that she alleged. The eruptions affected the same parts in the two children. In both the hands and feet were exempt; and in neither did the vaccination-spots themselves become gangrenous.

The author next proceeded to another part of the subject—the attempt to demonstrate that chickenpox does occasionally assume a gangrenous form, and present conditions very similar to those just described in connection with the vaccinia exanthem. He had, he said, for ten years or more been in the habit of recognizing a gangrenous form for varicella, and several patients suffering from it had come under his care at the Moorfields Hospital with suppurative iritis. In

some cases the disease had proved fatal; but in the majority the patients recovered, with deep scars and sometimes great damage to the eyes. In the worst cases the eruption involved the whole thickness of the skin and left an abruptly margined, punched-out ulcer. The author quoted from a paper published by Dr. Whitley Stokes, of Dublin, in 1807, in which this malady was, he thought, clearly described. Dr. Whitley Stokes said that it was well known in many parts of Ireland under the names of "the white blisters", "the eating hive", and "the burnt holes". Dr. Whitley Stokes had noticed the resemblance of the disease to chickenpox, but had attempted to diagnose between them, alleging that in chickenpox the fever always preceded the eruption and that the pustules always dried quickly. The author of the present paper contended that neither of these distinctions would hold good, and drew attention to the fact that Dr. Stokes had, like himself, observed that the eruption usually occurred in very healthy children; that at its first stage it was like chickenpox; that severe inflammation of the eyes sometimes occurred; and that the worst cases ended fatally. The final proof on which the author relied that the eruption was no other than a modification of varicella was that he had repeatedly occur to one child in a family while several others were going through varicella in its ordinary form. For two examples of this he had recently been indebted to the kindness of his friends, Dr. Barlow and Dr. David Lees, of the Children's Hospital. Of one of these cases a drawing was shown. The author referred to some wax casts in the Guy's Hospital museum which, he said, well illustrated the condition which he had been describing. They had been named rupia escharotica; but he could have no hesitation in believing them examples of gangrenous varicella.

In conclusion, he urged that if the proof were accepted that in connection with idiosyncrasy in perfectly healthy children the eruption of varicella might occasionally assume a severe gangrenous type there could be but little difficulty in admitting the same possibility as regards the vaccinia exanthem. By the term vaccinia exanthem he intended to designate a general eruption, sometimes erythematous, sometimes lichenoid, and sometimes vesicular, which, although infrequent, was admitted by all experienced vaccinators to be occasionally seen. It had been especially described by Mr. Ceely, and was referred to by Hebra and others. It was of course the analogue of the skin-eruption in variola.

A Case of Poisoning by Resorcin.—By William Murrell, M.D., M.R.C.P., in Medical Times and Gazette:

On the morning of Sunday, December 5th, at about half-past five o'clock a young woman of nineteen, who had been taking resorcin with benefit was found to be suffering from one of her asthmatic attacks. At 7 o'clock she was given two drams of resorcin in a little milk. Almost immediately, as she subsequently told us, it flew to her head and she felt giddy and had "pins and needles" all over. In a few moments she became insensible, and was found lying on her side, with closed eyes and clenched hands, and faintly moaning. She had not been sick, but was bathed in profuse perspiration, and was very cold. Dr. Jessop was at once sent for, and at 7.10 found her in the following condition: "Insensible; in a profuse perspiration from head to foot; groaning; pallid; lips blanched; tongue dry; no foaming at the mouth or smell in the breath; pupils equal, normal; conjunctivæ insensible to touch; teeth clenched; skin cold and clammy, and temperature evidently low. No facial paralysis; no paralysis of mouth or œsophagus; pulse imperceptible at the radials; chest-walls almost motionless. On stethoscopic examination very little air was found to be entering the lungs; no rhonchus; heart sounds very faint and heard with difficulty—no distinction between first and second sounds. Abdomen not distended; walls flaccid. No urine or feces passed. Arms and legs limp—arms less so than legs; total absence of reflex action on tickling foot; no patellar reflex; no tetanus; no spasm, either tonic or clonic." Dr. Jessop realizing the urgency of the case forced open her mouth and poured down about two ounces of olive oil. He then applied the stomach-pump and in a few minutes the stomach was emptied and thoroughly washed out with tepid water. He next injected a scruple of sulphate of zinc and a dram of mustard, and the patient vomited slightly. She was flicked with a wet towel, and an endeavor was made to get her to walk, but she was found to be absolutely powerless. The pulse at the radials was now weak and thready, and the temperature in the axilla was only 94°. In a few minutes the breathing improved, and the conjunctivæ were found to be slightly sensitive. The extremities were still cold and sweating. From 7.30 to 8 A.M. the patient was gradually coming round, and could answer in monosyllables, although she seemed hardly to understand what was said to her. The axillary temperature was now 95°. At 8 A.M. the feet were warmer, consciousness was returning, and the pulse under the influence of brandy became stronger. At 8.30 A.M. she was given an inhalation of nitrite of amyl; the temperature was 96°, and it gradually rose to the normal. At 8.45 A.M. she was conscious, and we were satisfied that she was out of danger. At 11 A.M. the temperature was 99°; at 3 P.M. 102.2°; at 6 P.M. it was 100.4°. On the following and subsequent days it was normal. There was never at any time ptosis, strasbimus, or salivation. The first urine passed presented the usual olive-green color, but this disappeared in about twenty-four hours. There was no action of the bowels. . . .

The symptoms developed in this case present several points of interest. The general resemblance to poisoning by carbolic acid is very apparent. The cold sweats, stupor deepening rapidly into collapse, with complete abolition of sensory and reflex movement, are noteworthy. The fall of the temperature is very remarkable. The condition of the urine is also noticeable. It is difficult, without further experiments on the lower animals, to say exactly how resorcin acts, but it is undoubtedly a cardiac depressant, and probably exerts, in addition, a direct action on all the organs involved. Respecting the treatment adopted by Dr. Jessop, it may be said that it was the best that could possibly have been employed. The olive oil probably prevented further absorption until the stomach was emptied by the stomach-pump. In poisoning by carbolic acid the exhibition of alkalies in solution and in large excess has been recommended, and Baumann and Sonnenburg have suggested the use of sulphate of sodium as an antidote. Should the condition of collapse continue it would be advisable to administer a hypodermic injection of atropia. Dr. Andeer considers that albuminate of iron and red wine are the best antidotes in resorcin poisoning. What is the largest dose of pure resorcin that may be given with safety I am not prepared to say, but I have often given forty grains every four hours without the production of any unpleasant symptom.

The Mental Phase of "Cold-catching."—It is noteworthy as a curious yet easily explicable fact that few persons take cold who are not either self-consciously careful or fearful of the consequences of exposure. If the attention be wholly diverted from the existence of danger, by some supreme concentration of thought, as, for example, when escaping from a house on fire or plunging into cold water to save a life, the effects of "chill" are seldom experienced. This alone should serve to suggest that the influence exerted by colds falls on the nervous system. The immediate effects of a displacement of blood from the surface and its determination to the internal organs are not, as was once supposed, sufficient to produce the sort of congestion that issues in inflammation. If it were so an inflammatory condition would be the common characteristic of our bodily state. When the vascular system is healthy and that part of the nervous apparatus by which the caliber of the vessels is controlled performs its proper functions normally, any disturbance of equilibrium in the circulatory system which may have been produced by external cold will be quickly adjusted. It is therefore on the state of the nervous system that every thing depends, and it is, as we have said, on the nervous system the stress of a "chill" falls. Consciousness is *one* element in the production of a *cold*, and when that is wanting the phenomenon is not very likely to ensue. It is in this way that persons who do not cultivate the fear of cold-catching are not as a rule subject to this infliction. This is one reason why the habit of wrapping up tends to create a morbid susceptibility. The mind by its fear-begetting precaution keeps the nervous system on the alert for impressions of cold, and the centers are, so to say, panic-stricken when even a slight sensation occurs. Cold applied to the surface, even in the form of a gentle current of air somewhat lower in temperature than the skin, will produce the "feeling" of "chill." Conversely a thought will often give rise to the "feeling" of cold applied to the surface—for example, of "cold water running down the back." Many of the sensations of cold or heat which are experienced by the hyper-sensitive have no external cause. They are purely ideational in their mode of origination, and ideal in fact.—*London Lancet.*

Case of Torticollis Cured by Galvanization.—Dr. De Giovanni, says the *Deutsche Med. Wochenschrift*, reports the case of an unmarried woman of twenty-seven, without neuropathic antecedents, who in 1878, following the death of her mother, fell into a condition of unconsciousness lasting for nine days and accompanied by tremulous tonic spasm of the head and upper extremities. From that time she became more and more of an invalid, suffered with facial neuralgia, cardiopalmus, and also with recurrence of the tremor of the head and arm by night. On the 14th of April, 1880, after unusual effort, the tremor suddenly came on with renewed severity, accompanied by a feeling of constriction in the throat, and followed by coma lasting eighteen hours; subsequently clonic convulsions and renewed coma lasting four days. On awakening after this last attack the head was found to be bent to the left and forward, restoration to its original position nearly or quite impossible. All the ordinary means of medication, both internal and external, failed. Examination made on the 16th of June, 1880, showed contraction of the left sterno-cleido mastoid and trapezius, while the homologous muscles of the opposite side felt smooth and soft. The employment of an extremely weak, scarcely perceptible, induction current on the left side of the neck and the edge of the trapezius gave rise at once to clonic forward movements of the head, which gradually removed the latter from its abnormal position. After the cessation of the induction current the deformity, by this time about half remedied, did not show any inclination to return. A similar current was now applied to the left sterno-cleido mastoid, which produced like impulsive movements, gradually restoring the head to its normal condition. The sitting lasted only two minutes.

Giovanni sees in the result of this therapeutic procedure a striking confirmation of the transportation of motor energy from one side, where it was present in excess, to the opposite side, where a defect not only of motility but also of muscular tonus existed. The behavior of the contracted muscles, which lost their almost board-like hardness during faradization, while the muscles of the right side of the neck, seized with rapid clonic movements, gained volume and consistence to a decided degree, is also worthy of note. The recovery to normal condition as the result of treatment was very striking and complete; the left sterno-cleido mastoid, however, seemed slightly more contracted than the right. The application of metals was employed to complete the cure. The patient left the clinic entirely cured of the torticollis at the end of eight days.—*Phil. Med. Times.*

Expressing the Placenta.—The method at present in vogue of expressing the placenta is associated indissolubly with the name of Credé, for though the value of friction, of kneading, and compression was appreciated, as their writings show, by Mauriceau, Robert Wallace Johnson, Joseph Clark, Busch, Mayer, and others, it remained for Credé to elevate placental expression to the rank of a recognized procedure of obstetric practice.

Credé's method consists essentially in applying at first light and afterward stronger friction to the fundus of the uterus till an energetic contraction is obtained; at its height the uterus is grasped so that the fundus rests in the palm of the hand with the fingers to the front. The exercise of circular compression forces the placenta from the uterus, or in case of failure the process may be repeated until the object is accomplished. It is true that the expulsion of the placenta will, as a rule, occur spontaneously. The unaided uterus is, however, liable to relax and become the source of hemorrhage; or where the delivery does not take place speedily, it may on the other hand close down so as to imprison the placenta within its cavity. The great merit of Credé's method is that by maintaining retraction it prevents hemorrhage, and by promoting speedy expulsion it guards against the dangers of retention. When systematically practiced the bugbear known as adherent placenta is the rarest of accidents.

The practice is not difficult and is devoid of danger. To be successful, however, expression should be practiced only during a contraction, and the propulsive force should be directed from the fundus downward in the axis of the uterus. Spiegelburg lays great stress on exercising compression of the uterus from the moment the head emerges from the vulva, and not waiting until the delivery of the child is ended. By so doing general contractions are maintained and the detachment of the placenta promoted. —*Prof. Lusk's new work on Midwifery; D. Appleton & Co., New York.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

TO THE PERSON RECEIVING THIS COPY AS A SPECIMEN.

The NEWS enters its seventh year January 1, 1882. Its support is assured; its character as a live, accurate, and newsy medical journal well established. Your attention is solicited to the unusual excellence of its paper, type, and press-work. Items, reports of cases and of transactions of local societies will be gratefully received. Your subscription is invited.

MALARIA.

Attentive readers of the paper by Dr. Griswold, which appeared a few weeks ago, have doubtless noted the fact that even in the present unaccountable invasion of New England the malarial diseases prevail as elsewhere; that is, along the water-courses. Various unsatisfactory attempts have been made to account for these mysterious outbreaks, that sometimes, like those of other diseases of telluric origin, take on an epidemic character, overleaping the barriers which nature had apparently fixed, and spreading far into new regions. Hertz, in commenting upon these anomalies, alludes to European epidemics that invaded places usually exempt. There was one in Central Europe in 1558, another in 1678–79, from 1718 to 1722, from 1824 to 1827, from 1845 to 1848.

In 1856 the Pennsylvania Medical Society discussed a remarkable epidemic along the Juniata River, and at former periods earlier generations of New Englanders have had occasion to wonder at the strange visitor in their valleys. Very hot summers occurring after heavy spring rains have been the usual concomitants of these invasions. It has been suggested that a cycle of dry summers has been rising to its maximum for the last few years, and that thereby unusual fluctuations have occurred in the ground-water.

We know that the level of subsoil water is constantly changing at different rates in different places and at different times. The outflow of soil-water impeded by newly-constructed dams has often been proved, in India and in New York, to be the direct cause of a prodigious spread of fever away beyond its old haunts. Regulation of this water-level by subsoil drains have many times had a marked tendency to reduce the malarious area.

From the direction taken by the New England invasion, and the rate of progress, it has appeared to some investigators as if a slowly-advancing factor had come from the south and west. It can not be entirely meteorological, else the area involved would correspond more nearly to the weather districts. Tommasi Crudeli has found the paludine theory incompetent to explain the varied manifestations of malaria in the Tuscan Appenines and other Italian uplands. He is inclined to admit a specific factor whose presence is necessary to make even a warm marsh unwholesome.

Doubtless he, like others possessed with the "germ-fiend," would find in the sluggish march of the malaria, like that of some underground migration, proof of his theory of specific organisms propagating in gradually widening circles in a soil that had experienced some change in heat or moisture favorable to its development. Says Pettenkorfer, "These invisible bodies remind us of the old stories of the invisible ghosts

which now and then arise from the earth to people the air and water and make many places haunted and unwholesome." In the Practitioner for November, 1881, Tommasi Crudeli gives confirmation to the oft-repeated observation that the production of malaria is suspended when the summer mean of temperature is exceptionally low; and that on the other hand an elevation of temperature provokes an outbreak in a soil generally incapable of producing malaria to an infectious degree. He relates circumstances which to his mind seem to show that the custom of keeping potted plants in close and heated rooms may actually cause malarial disease in localities where malaria at large is unknown. The garden mold, kept moist, influenced by the sun's rays, and protected from the cold by stoves may cause paroxysmal fevers in those exposed to its malarious emanations which accumulate in the room, even in the latitude of St. Petersburg and in a very salubrious locality.

The possibility of malarial production by these conditions can not be denied. There is not evidence enough in its favor to constitute it as a scientific fact, but there is quite enough to rule flower-pots out of the bedrooms and living-rooms of those who have given indications of a malarial infection.

THE NEW PHARMACY BILL.

Not discouraged with the fate of their last attempt at amending the act to regulate the sale of medicines and poisons, the pharmacists intend to besiege the legislature again this winter.

We say the "pharmacists intend," because they have originated the bill which is before us, and they are evidently moving generally to accomplish its passage. In this they will not only do a benefit to themselves, but also to the general public.

The proposed act makes it unlawful for any one (doctors excepted) but a duly qualified and registered pharmacist and his aids to compound and dispense prescriptions or retail drugs and medicines. The supervision of registration is intrusted to the State Board of Pharmacy. It provides the penalty of a misdemeanor for the person who shall add to or remove from any drug, medicine, chemical, or pharmaceutical preparation any ingredient for the purpose of adulteration. The board is empowered to employ an analyst to examine into adulteration when complaint is entered. Suitable appropriation for expenses is to be made from the fees for examination and registration.

The section which applies to physicians strikes us as being carefully worded to avoid even the semblance of interference with medical practice. It implies that doctors undertake to act as druggists on the strength of the doctorate, and with perfect consistency insists upon requiring as much special skill from them as from the non-medical pharmacist. As a rule, in country practice especially, a doctor knows something of the rudiments of pharmacy; but he may be a very good doctor and still be quite ignorant upon matters pharmaceutical and very awkward in the art. A bill intended to protect the people from dishonest or incompetent persons in the drug business would fall short of perfection if it exempted practitioners of medicine from its disciplinary provisions.

The bill is excellent and ought to pass, but experience with the official world forbids us to hope that the administration of it will be one half so thoroughgoing as its framers designed.

Mr. Erasmus Wilson, President of the Royal College of Surgeons, who paid the expenses of bringing the English obelisk to London, has been knighted by the Queen, in consideration of his munificent gifts for the support of hospitals and the encouragement of medical study.

Nerve-stretching has been abandoned by Billroth after a fair trial. It does not seem to be making a favorable impression in Vienna.

Original.

MILK-SICKNESS.

BY JOHN M. JACKSON, M.D.*

In compliance with the request of the president of this association at our last meeting in the city of Paducah, I have prepared and now present to you this essay upon the disease so well known in this country as milk-sickness. As the disease is confined to limited parts of the Union—viz. Alabama, Indiana, and Kentucky—medical literature is almost silent in reference to it. My remarks must be chiefly confined to my own personal observations.

My first intercourse with the malady began in 1852, since which time I have met with it more or less frequently at some period of almost every year. This disease is strictly endemic in its nature, confining itself to very small and restricted localities, sometimes to a space of country of not more than a very few square miles. Within a radius of only two or three square miles it has been found on Mayfield's Creek, Graves County, Ky., and also in like manner in the neighborhood of Wesley in this (Hickman) county. Its territory of invasion in this vicinity begins a short distance below the city of Hickman, and extends up the Mississippi River to a point within two miles of this city, reaching out about five miles from the river. Its chief locality is upon the land known as the Baker tract, about five miles southeast of this place, at which it is known that at certain seasons of the year a cow can not run at large for a period of twenty-four hours without being affected with the disease.

The disease first originates in the quadruped, most generally the cow, and from her meat, milk, or butter it is conveyed into the human system. I know of no instance in which it has been otherwise communicated. Birds, such as vultures and wild turkeys, contract the malady by eating the flesh of animals that have died from it. My two first cases of milk-sickness evidently originated from the eating of a piece of wild turkey, as the cases were both of easy diagnosis, neither beef, butter, nor milk having been eaten or drunk, and the only meat eaten by the patients was that of the wild turkey; and after the facts had been investigated, the party killing the turkey remembered it was unusually gentle and tame, showing it was probably sick when killed.

In dwelling upon this subject it will not be amiss to make a few remarks in reference to its symptoms in the quadruped, as an acquaintance with the symptoms of the disease in the lower animals might enable us often to avoid contracting it in man.

Cows giving milk do not manifest strong and decided symptoms, as the milk being a potent eliminant carries off the poison, and imparts the disease to her calf and the persons who use her milk. The cow affected with this disease is very docile and sluggish, showing no disposition to move or to take exercise; generally takes her position on the sunny side of a house, fence, or tree, leaning against the same, apparently asleep. In this condition, if forced to take active exercise by being actively driven a few hundred yards, her condition becomes at once unmistakably apparent. Her eyes become glassy and watery, and her whole muscular and nervous systems are thrown into a violent state of agitation. If then she is forced to move off rapidly, after resting a few moments she trembles, shudders, and falls to the ground, and frequently rises no more.

When these symptoms, even in a slight degree, are found in the cow, we can not be too careful in rejecting her meat, milk, or butter, or letting her to her calf.

As to the manner in which this disease is contracted by the quadruped, it remains, and I fear will ever remain, a conjecture and a matter of speculation. Some contend the poison is in the water, others in a vegetable, and others that the disease originates from some poisonous gases emanating from the earth in the localities in which the disease abounds. I am inclined to the opinion that the poison, whatever it may be, is of the acro-narcotic class, and that it exists in the seeds of some vegetables, or *à priori* it may be from a gas produced from the ground under certain thermal conditions of the earth not understood. If from water, it would exist as well at one season of the year as another; if from the green stalks or leaves of a vegetable, the disease would prevail in the spring time, but we rarely find the disease exist before the 1st of August nor after the 1st of November; but this rule has some exceptions. My friend Dr. A. J. Watson, of this city, met with a case during one of the coldest months of last winter; but this is by no means the rule.

My reason for believing that the malady is produced from the seeds of a vegetable is

* Read before the Southwestern Kentucky Medical Society, in the city of Columbus, Ky., Wednesday, November 9, 1881.

that the disease manifests itself just at that season when seeds have matured. But whatever the cause may be, we know of but one means of avoiding it, and that is to ascertain its area of ground and fence in the same.

In the human subject this disease at its commencement is marked by the usual symptoms of a chill followed by imperfect reaction, the chill often lasting four to six hours. The febrile movement following the chill is of a very low grade, temperature only a few degrees above normal. The pulse is rapid, often running as high as 130, very short and compressible. There is a peculiarly anxious and depressed expression in the face, and from the beginning a sense of nausea attended with a constant load and weight in the epigastrium. This latter symptom has been constant in every case I have met. The patient will tell you that he is certain that a hard, round, and hot ball has formed in his stomach, and begs you to extract it by some means.

Constipation is an obstinate symptom in this disease from the beginning to the end. The patient calls for ice-water; seems to be inclined to sleep, but at the same time is conscious of every thing said and done by any one in his room. There is constant nervous retching in every case, attended by great and ungovernable agitation of the muscular system. If a cup of tea or a spoonful of soup is offered the patient, such is his muscular convulsions that he can not hold it in his hand.

Anorexia is a never-failing trouble here, the patient abstaining from food for many days till convalescence is established. The skin in the extremities is generally cool and covered with a clammy perspiration. The hepatic and renal secretions suffer materially in this disease. The stools are light and clay-colored, while the urine is very scanty and in some cases suspended altogether for twenty-four hours. The breathing is generally slow and stertorous; the pupils are contracted. Pain in the region of the os frontis, often also in the locality of the medulla oblongata, attended with vertigo, are frequent symptoms. Stiffness and immobility of the joints are often complained of. I have never seen a case without them.

With all these symptoms, which are so strongly marked and uniform in every case, no physician can fail to make a clear and satisfactory diagnosis.

I stated before that I believed the disease was the result of the action of some acro-narcotic poison, and will now state that this poison makes its pathological impression on both the cerebro-spinal axis and the ganglia or great sympathetic nervous system, and especially the latter, as we find all the functions of the various important organs suspended, and some totally arrested.

Taking such pathological views, I proceed as follows in my treatment: When called to a case in its incipiency, if the contents of the stomach have not already been ejected, my first effort is to empty the stomach by a potent and prompt emetic. This I usually do with pulvis ipecacuanha or tinct. lobelia. To allay pain in the epigastrium I give large and prompt doses of belladonna, either in the form of the tincture or fluid extract, at the same time I do not forget to apply a blister over the region of the stomach. This latter remedy I conceive to be of great importance, and from it have found marked relief. Hot fomentations over the bowels and stimulating cataplasms to all the extremities rarely fail to give more or less relief. Mercury, either in the form of the hydrarg. chloridum mite or pil. hydrarg., combined with five-grain doses of subnitrate bismuth, are strongly indicated; and, so far as the mercury is concerned, I do not think it can be dispensed with. In mild doses it allays the gastric irritation, and at the same time does what no other known remedy can do—acts powerfully on the dormant liver, arouses it from its lethargy, and restores it to its normal functions. Quinine in small doses, combined with carbonate of ammonia, is generally beneficial to equalize the circulation and promote the normal action of the heart and arteries.

But there is one remedy, which I have not yet mentioned, from which I have derived more decided relief in this disease than all others combined, and that is strychnia. This drug, in doses of from one sixtieth to one fortieth of a grain, or tinct. nux vomica in doses of from seven to ten drops, repeated every three or four hours, seldom if ever fails to give marked relief, and should be given from the beginning to the close of the disease.

The prognosis of milk-sickness is generally favorable. It is an obstinate and tenacious disease; but, if carefully nursed and properly treated, seldom proves fatal.

COLUMBUS, KY.

[In an article on this subject in a recent number of the Michigan Medical News Dr. W. E. Hughes, of Portage, Wood County,

Ohio, states that this disease is known in some places as milk-sickness, sick stomach, and bilious sick stomach; in other localities by the names of slows, tires or trembles, and again by the expressive name of puking fever.

Since July, 1880, he has had under his care forty-two cases of it. One peculiarity has been that he has never met with a case north of what is called the Portage River. He has never seen a child under ten years of age, a woman who was suckling an infant, or a pregnant woman afflicted.

He states further: A very able article appeared in the April (1879) number of the Toledo Med. and Surg. Journal, by Dr. Sager, of North Washington, Hardin County, Ohio, in which he endeavored to trace the primary cause to a certain poison produced during the summer, and consisting of malarial germs uniting with decomposed woody substances on or near the ground, and undergoing certain zymological processes and generating fungi. These processes take place on timbered ground which had been covered with water in the spring of the year; after a time a rain comes in the summer, the poison is washed down, the cattle drink the water, the people use the milk and butter, and thus the disease is produced.

Graaf, Simpson, and others show, as the result of experiment, that the disease may be caused by the flesh, milk, butter, cheese, etc. of animals affected with the poison, whatever that may be. Some have attributed the infection of the cattle to their having eaten of the plant called hachy, or some species of rhus, or a fungus of some kind. Others contend that it is of mineral origin, tracing it to certain poisons in the soil, as arsenic, cobalt, etc.

In conflict with the opinion given by Dr. Sager regarding the origin, it is shown that the disease appears where no water has covered the ground, upon high lands, as sugar bushes; and moreover, water in which the poisoned meat was boiled remained unaffected, while the meat retained its poisonous properties, thus seeming to prove that the poison is not soluble in water.

The following facts strongly point to a vegetable origin: The disease appears irrespective of the kind of soil; cultivation destroys the poison; cattle are affected only when the dew is upon the ground, but the woods are dangerous at all times. While grazing animals only are affected by the original disease; their flesh reproduces it in all animals. Carnivorous animals have the disease only after eating the flesh of herbivorous animals which have died of the complaint. In Dr. Hughes's experience he has yet to find a case of the disease where the cows were confined to tame pasture; every one he has attended has used milk from cows that were allowed to run in the woods. In several instances the cattle had died of the disease called trembles.

There are various statements as to the mortality. Dr. Banks lost three out of every six cases; Graaf five out of six; Austin two out of thirteen. Hilbert's mortality was only five per cent.

The disease varies somewhat in different localities, and if it is not altogether malarial there is nearly always a malarial complication. Several cases that Dr. Hughes has attended have wound up with a regular ague, and these cases have made the most rapid recovery.

The disease is met with in different forms: acute, subacute or chronic, and inflammatory.

The invasion is usually rather sudden; the patient is seized with extreme nausea, violent and prolonged vomiting, faintness, and prostration. The temperature of the body and extremities is below the natural standard; the skin is sometimes cold and clammy, at others dry; the countenance expresses great distress and anxiety; extreme thirst; flattening of the abdomen; terrible throbbing of the abdominal aorta; the breath acquires a peculiar fetor, the tongue furred and swollen; speech disturbed and difficult; the bowels are obstinately constipated; anorexia constant. While the heart and large arteries beat with violence, the pulse at the wrist may remain almost natural. The action of the stomach is completely retroverted, and at every effort at vomiting a fluid is ejected of variable appearance; sometimes it is colorless, sometimes like soapsuds, at others like indigo, and this last is a peculiarity of this disease; sometimes it is yellowish or greenish, and in the most severe cases it is a dirty brown. During the intermissions of vomiting the patient usually lies on his back, tossing his limbs about, occasionally in a partially comatose state, but is easily aroused when addressed. The irritability and retroverted action of the stomach continues during the disease, until convalescence restores the sufferer or death closes the scene.

These symptoms are not always present, but the majority of them will be seen in every well-marked case. If the vomiting is not severe, the temperature will not be so

low, neither will the pulse be so variable. Constant nausea by the impression upon the circulation is the most active factor in keeping the pulse down.

The following are the usual post-mortem appearances in a well-marked case: Spleen dark and congested, the brain softened, the blood uncoagulated, and the stomach inflamed.

The disease has been looked upon by some writers as a modified form of cerebro-spinal meningitis, the only difference being the less strongly marked cerebral manifestations and the more diffluent blood. While Dr. H.'s experience would hardly allow him to look on it in this light, certain it is that in many instances there is either severe pain in the cerebro-spinal region, or delirium, or tetanic spasm, or rigidity of the muscles of the back of the neck, and sometimes of the back and limbs. The most favorable results may be anticipated where the natural temperature is more nearly retained.]

Reviews.

The Prophylactic and Therapeutic Value of Quinine in Gynecic and Obstetric Practice. By HENRY F. CAMPBELL, M.D., of Augusta, Ga. Reprint from Vol. V, Gynecological Transactions.

In his exhaustive paper Dr. Campbell denies that quinia is oxytocic. He uses it boldly and successfully in cases of threatened abortion occurring in his malarious neighborhood. He avers, however, that if given after labor has set in, quinia will stimulate and regulate pains which without it are feeble and irregular. He has so high an opinion of its prophylactic powers against the childbed accidents of peritonitis, fever, and subinvolution that he administers quinia in every case of parturition at full term, or even in abortion. He begins on the morning of the first or second day after childbirth, and maintains cinchonism for a week or ten days. From six to twenty grains may be given daily for this purpose.

Holmes's System of Surgery, Vol. II. First American edition, thoroughly revised and much enlarged. By JOHN H. PACKARD, A.M., M.D., Surgeon to the Episcopal and St. Joseph Hospitals. Philadelphia: Henry C. Lea's Son & Company. 1881.

Of the first volume of this work we spoke in terms of praise. The second is equally meritorious. Like the other, it is a huge, handsome book, well printed and rich in pictures. It treats of the diseases of the organs of special sense, of the circulatory system, of the digestive tract, of the genito-urinary organs.

Among the names of the American editors we notice J. Solis Cohen, Harlan, McBurney, Stinson, Busey, Packard, Keyes, and Skene. Instead of a revision of the article on Diseases of the Absorbent System, which for the English edition was written by Chas. H. Moore, Prof. Busey has contributed one entirely new, while the old one has been omitted.

Upon the whole, it may be said that the expectations excited by the announcement are fully met so far, and any one induced to subscribe by an examination of the first volume will not regret it when he sees the second.

Books and Pamphlets.

THE ILLUSTRATED SCIENTIFIC NEWS. New York, December, 1881.

TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY FOR 1881. Lansing, Mich.

SURGEONS OF BALTIMORE AND THEIR ACHIEVEMENTS. By B. Bernard Browne, M.D., Baltimore, M.D. Reprint.

RUDOLF VIRCHOW: An Address Introductory to the Course of Lectures of the Term 1881–82. By A. Jacobi, M.D. Reprint.

THE NURSE AND MOTHER: A Manual for the Guidance of Monthly Nurses and Mothers. By Walter Coles, M.D. St. Louis: J. H. Chambers & Co. 1881.

REFORM IN MEDICAL EDUCATION: Annual Address before the American Academy of Medicine, New York, September 20, 1881. By Edw'd T. Caswell, A.M., M.D.

THE DETROIT CLINIC. Vol. I, No. 1. A weekly exponent of Clinical Medicine and Surgery. Edited by H. C. Walker, M.D., and O. W. Owen, M.D. Detroit, Mich.: Geo. S. Davis, publisher.

A SYSTEM OF SURGERY. Edited by Timothy Holmes, M.A. American edition, thoroughly revised and rewritten. By John H. Packard, M.D., assisted by a large corps of the most eminent American surgeons. Volume II. Philadelphia: Henry C. Lea's Son & Co. 1881.

PUBLIC HEALTH. By Dr. Pinckney Thompson, Chairman of the State Board of Health, Henderson, Ky.

This pamphlet is circulated by Dr. Thompson with the avowed aim of instructing those concerned as to advantages of State and local boards of health. It presents very cogently the reasons for additional legislation on this head.

Formulary.

ARNICA IN FURUNCULOSIS.

Dr. Planat (Chicago Med. Review) recommends the following as an application in the treatment of furuncles:

Ext. fresh flowers of arnica.. ℥ ijss; 10.00 Gm.;
Honey..... ℥ v; 20.00 Gm.

Thicken to a paste with lycopodium if this mixture proves to be too fluid.

According to Dr. Planat arnica aborts furuncles with great promptness, probably by reason of its action on the vaso-constrictor nerves of the superficial vessels of the skin. The paste should be spread in a thin layer on waxed linen or on diachylon plaster, applied, and the dressing renewed every twenty-four hours. Two or three applications will generally be found sufficient to abort the furuncles. If a diathetic condition exist, internal treatment will be required in conjunction with the local application of the paste.

TREATMENT OF FISSURE OF THE ANUS.

Before going to bed every evening three grains of calcined magnesia in sugared water are to be taken (*Prog. Méd.*) In the morning a decoction of belladonna-leaves is to be placed hot over the affected part, the heat being maintained by the addition of more of the decoction as the first cools. The body is to be wrapped in wool to prevent as far as possible any loss of vapor. After a few minutes efforts at defecation should be made, if these prove painful the treatment must be continued until the pain ceases, when the bowel must be emptied, and the patient should return to his former position until the pain is over. A plug of lint with the following ointment is then introduced into the anus, which will be found to be readily di latable:

Butter..... 10 parts;
Ext. of belladonna..... 20 parts;
Oil of sweet almonds..... q. s.

The plug should cover the fissure. If it falls out it is to be replaced as soon as possible.—*Pract.*

NEW DIACHYLON OINTMENT.

Hydroxide of lead (freshly precipitated from the acetate of lead)..... 1 part;
Water..... 2 parts.
Rub the lead with the water and mix well with lucca oil..... 6 parts.

Stir well over a water bath at near the boiling-point, and cool with constant stirring till the proper consistency is obtained.—*Duhring.*

THE doctors of Georgia should bear in mind that the new medical law of the State required them to go before the county clerk, show their diplomas or licenses, and register their names on or before the 1st of December inst. (1881). The Pharmaceutical Board of Georgia, under the late act of the legislature, held its first meeting for examining applicants for license on the 13th of December, in Atlanta.

Pharmaceutical.

CELERINA.—This preparation was introduced by Mr. J. C. Richardson, of St. Louis, a few months since. Our experience with celerina is limited to a few cases of neurasthenia; but in these the results of its use have impressed us favorably and encourage a further test of its medicinal qualities. As evidence of its value in the nervousness resulting from intemperance we quote the following from the American Med. Journal:

We have found celerina exceedingly valuable in the treatment of nervous headache, nervous exhaustion, and other associated ailments of women; but the cases to which we now desire to call attention, where the celerina is of inestimable value, are those suffering from nervousness resulting from intemperance. Every practitioner of medicine meets with such cases. Men, and sometimes women, come to us trembling and apparently exhausted, all from the effects of intemperance. Such cases are approaching delirium tremens. Celerina is the most appropriate prescription we can give them. A few doses of bromide of potassium may be given alternated with the celerina at first, but after this for permanent effects we depend upon the celerina.

SPURIOUS SWEET SPIRIT OF NITER.—Recently in England a pharmaceutist was proceeded against for selling "sweet spirit of niter" (spiritus etheris nitrosi) which was not of the nature, substance, and quality of the article demanded by the purchaser. It was shown in evidence for the defense that sweet spirit of niter, which was asked for by the inspector, was not a drug contained in the British Pharmacopeia of 1867, and therefore this work could not be referred to as a standard for its purity. The substance called in the British Pharmacopeia of 1867 "spiritus etheris nitrosi," which the public analyst had assumed to be synonymous with "sweet spirit of niter," though there was no ground for his so doing, was a different and much stronger drug. The official substance is not much used by the ordinary public, while, on the contrary, the other article that had formerly been in previous pharmacopeias has a very large sale, one wholesale druggist stating in evidence that he manufactured from three to four gallons a week of the former and from one hundred and twenty to one hundred and thirty gallons of the latter. In the face of this evidence the case was dismissed. This decision is important inasmuch as it establishes the fact, which was obvious enough to the physician and pharmaceutist, that the British Pharmacopeia can not be the sole standard for drugs

unless the word "drugs" is held to mean only such medicinal substances as are contained in the British Pharmacopeia, which under the meaning of the act it is not. A pharmaceutist when dispensing from a physician's prescription is bound by the pharmacy act to use drugs of the quality and strength specified by the British Pharmacopeia unless otherwise ordered, but there are many remedies in common use at the present time which are not contained in the British Pharmacopeia, and to which authority in such cases it is absurd to appeal.—*Oil and Drug News.*

Miscellany.

Absinthe.—The consumption of this seductive, and health-destroying liquor appears to be on the increase. . . . Absinthe is a yellowish-green liquor which contains as a peculiar ingredient a poisonous oil having a deleterious effect on a nervous system. The oil is called wormwood oil, and is produced in nature by the *Artemisia absinthium*. Other flavoring oils are always added, such as peppermint, angelica, cloves, cinnamon, and aniseed. The color is produced by the juice of nettles, spinach, or parsley, or in other words, is due the common green "chlorophyll" found in all green plants. Most samples of absinthe contain sugar. The average composition of absinthe is as follows: Absolute alcohol, in 100 parts, 50.00; oil of wormwood, .33; other essential oils, 2.52; sugar, 1.50; chlorophyll, traces; water, 45.-65. Alcohol causes drunken sleep; alcohol and absinthe combined produce convulsions. The poor wretches given up to absinthe drinking suffer from a peculiar train of nervous symptoms, the most prominent of which is epilepsy of a remarkably severe character, terminating in softening of the brain and death. The last moments of the absinthe drinker are often truly horrible. M. Voisin records a case in which a man was picked up in the public street in an epileptic fit. He was known to be a large consumer of absinthe. The convulsions lasted until death—four days and four nights. During the last five or six hours of life the skin of the face became almost black.—*Brit. Med. Jour.*

Gymnastics and Gymnasia.—Some able lecturer should discourse upon the use and abuse of gymnastics and gymnasia. Feats of strength are worse than useless as exercises for the body performed in the interests of health, unless they are so wisely planned and carried into effect as to fulfill the conditions of muscle and nerve culture. A mere output of brute force implies little or nothing as regards the integrity of body functions. A man can do, or may soon acquire the power of doing, many things which it is not in the least degree desirable he should do. It would be well if before resorting to gymnasia or engaging in the sports and exercises carried on in these establishments even the seemingly healthy would ask their ordinary medical attendants to examine their hearts and lungs and give precise directions as to what may or what shall not be attempted by them. Cases are of too frequent occurrence in which serious physical mischief is done in the pursuit of health, because those who "feel well" and "look well" resort to unadvised exercises. "Looking" and "seeming" are very uncertain indications of the state of health. The apparently robust are not uncommonly subjects of great weakness, and those who seem in rude health may be the victims of grave and even what is called "incurable" disease, though it is well to regard all maladies as amenable to some treatment, albeit it may be difficult to determine the precise form of remedy most likely to prove successful. The best policy is to avoid putting any part of the system to exceptional uses, or subjecting it to unusual stress of energy without taking the obvious precaution of first ascertaining how far the actual state of the organism is likely to justify the test of strength and stand the strain.—*Lancet.*

Chances of Doctors in America.—There are in the United States one hundred and ten medical schools having an annual attendance of twelve thousand students, three thousand of whom are graduated every year, and go forth to battle with life and competing M.D.'s. This, associated with the historico-statistical fact that there are only about six hundred persons to each physician now in the United States, makes appropriate the question, What are we to do? Taking into consideration the fact that some of the more fortunate of the profession have more than their *pro ratâ* of patrons, others must have proportionately less; and while this is well enough for the former it is to say the least quite sufficient to produce a lack of patients to the latter. And patients are just as requisite to the doctor in the battle of life as is patience to any other class of mankind.—*New York Med. Record.*

THAPSIA.—None of the recent discoveries in therapeutics has received so prompt a recognition as thapsia (*Le Concours Méd.*) The remedy introduced by Dr. Reboulleau, of Algeria, and M. Pedriel, Paris, is derived from a plant growing in Algeria, where it is called Bounefa, its botanical name being *Thapsia garganica*. It is extremely serviceable in abdominal troubles, bronchitis, pleurisy, and rheumatic pains. It possesses a rubefacient action when applied in the form of a plaster, and its application is followed by a very abundant miliary eruption. It acts more rapidly and certainly than croton oil, while it is readily applied and is free from the inconvenience which attends the use of other local applications.—*Practitioner.*

[The emplastrum thapsia we have found a reliable rubefacient, less active than cantharides and more sustained in its effects on pain. It is a valuable addition to therapeutics.—EDS.]

PROF. PASTEUR AND THE YELLOW FEVER. Prof. Pasteur, the *Gazette Hebdomadaire* observes, has had all his trouble and expense for nothing. When he had reached Pauillac on September 14th all the dead from yellow fever had been buried and the sick were convalescent. He awaited fresh transports for a fortnight, but none of the ships brought others than convalescents, though one of the ships had eight and the other six patients die on board during the passage. He therefore returned to Paris, but the researches which he intended to undertake will be pursued in the very focus of the epidemic, as Dr. Talmy, a naval medical officer, has volunteered for this perilous mission, and has just left for Senegal, furnished with all the necessary instructions. It is said also that Dr. Monard, a physician attached to one of the thermal establishments, is also about to set off on the same errand.—*Med. Times and Gazette.*

CHINESE REWARDS FOR MEDICAL SERVICE. A correspondent of the Globe adds that this same decree throws some curious light upon the position which practitioners of the healing art hold in China. When the empress's illness became serious several of the leading provincial governors were directed to seek out the most skillful doctors in their respective jurisdictions and send them on to the capital to consult with the medical college there as to the course of treatment to be pursued. About half a dozen were forwarded, and as the result has been so eminently successful they are now all to get substantial government appointments. One is to be made a taotai, or intendant of circuit, upon the first vacancy; another a prefect; another a district magistrate, and so on. Suppose after the recovery of the Prince of Wales Sir William Jenner had been made a county court judge, and Sir William Gull a stipendiary magistrate, we should have a somewhat analogous case in England.—*British Medical Journal.* [But the science of medicine would have suffered an irreparable loss.]

ABSENCE OF PART OF THE DIAPHRAGM.—Polaillon (*Annales de Gynécology*) reports two cases of congenital absence of part of the diaphragm with consequent visceral displacement. Death occurred soon after birth. The symptoms present were thoracic respiration only, cardiac displacement, intra-thoracic borborygmi, and great dyspnea. Death generally results from pulmonary compression, although cardiac involvement may aggravate this if the malformation be on the left side, as has been found to be the case in twenty-three out of the thirty-seven instances thus far reported.—*Chicago Medical Review.*

EXTENDED MENSTRUATION.—Dr. E. W. Lane, Scarboro, Georgia (Med. Summary), reports a case of regular menstruation extending from the fourteenth to the sixty-ninth year, and irregularly until the seventieth. At the necropsy of the patient, she having died in her seventy-first year, nothing unusual was discovered in the genital organs. The case is unusually well authenticated, the patient having been under Dr. Lane's observation for twenty-five years, and its being supplemented by a necropsy adds much to its value.—*British Med. Journal.*

PHTHISIS WITHOUT COUGH.—Dr. Wm. H. Thomson (Maryland Med. Journal) recently called attention to the occasional total absence of cough in phthisis. The phenomenon is by no means a rare one among the insane. Very often an extensive amount of pulmonary change may occur in the insane without the usual objective symptoms. In a few cases the absence of laryngeal lesion explains this.

THE Mitchell (Ind.) District Medical Society will meet in New Albany, December 28th and 29th. Special rates have been secured from the railroads. C. E. Laughlin, M.D., is secretary.

Selections.

"Navel-ill" in Children.—It is well known to obstetric practitioners that there is met with sometimes in new-born children an affection of the navel which appears to lead to pyemia (Medical Times and Gazette). A recent paper by Dr. Max Runge, Berlin, contains an interesting account of a large number of cases. In the Strasburg Lying-in Charity during the summer of 1876 five cases of navel affection occurred out of one hundred and twenty deliveries. There were no cases of puerperal fever. In the summer of 1879 an epidemic of puerperal fever appeared, many women dying; but there was no disease among the children. From March to June, 1880, the health of the mothers was exceedingly good; but twenty-six infants suffered from navel affection, sixteen of whom died. Dr. Runge has altogether seen forty-five cases, in twenty-four of which a careful post-mortem examination was made. In every one of the cases he found inflammation of the umbilical arteries, the umbilical vein being healthy. In eight cases this was the only morbid condition present. In one there was syphilitic disease in lungs, supra-renal capsules, and epiphysal cartilages. Twice cerebral hemorrhages were present, in one accompanied with gangrene of the scalp from pressure with forceps, and in one with gonorrheal ophthalmia. In fourteen cases there were morbid changes present which were undoubtedly connected with the umbilical affection. In five pneumonia or pleurisy were the only affections which occurred. In four others they existed along with other changes; and in one (the syphylitic one above mentioned) there was peritonitis. In two there was jaundice, in two erysipelas, in three hypertrophy of the spleen, and in one infarctions of micrococci in that organ. Dr. Runge draws the following conclusions from his cases: Inflammation of the umbilical arteries is not in all cases a local disease tending to recovery. It may, *per se*, cause death, and it may lead to pyemia. In the cases in which pyemia occurred (except the one with gangrene of the scalp) there was no channel except the umbilicus through which the infective poison could have entered the circulation. He believes that the process begins in the connective tissue around the arteries and then extends to the vessel itself, producing thrombosis and the changes subsequently seen. The precise time at which the morbid process began could not be ascertained. None of the children died during the first three days, three died on the fourth day, eleven between the fifth and eighth days, and ten on or after the ninth day.

He then considers the etiology of the disease. It has been supposed that the infection was derived from disease in the mother. This is negatived in Dr. Runge's cases by the fact that, with the exception of one that died from eclampsia, one that had cystitis, and another in whom there was metritis, all the mothers were well.

The diagnosis is exceedingly obscure. In many of Dr. Runge's cases its existence was not suspected during life. That pus can be squeezed from the umbilicus has been stated to be a sign of this disease; but our author finds that this is seldom the case with arteritis, and that it occurs in other conditions, so that this is not to be relied on. It has been said that jaundice occurs with umbilical phlebitis, but not with arteritis. This is shown by Dr. Runge's cases to be erroneous. From the uncertainty of the diagnosis it follows that the prognosis is equally obscure. The death-rate of umbilical disease in the cases observed by our author was about forty-five per cent.

Assuming that the disease under consideration arises from septic infection and that the septic infection gains access to the system through the umbilicus, the most obvious source of such infection is the dead bit of the cord between the abdominal-wall and the ligature. To prevent the disease, therefore, it would seem to be first necessary to insure an aseptic condition of this structure. Dr. Runge has therefore carried out a careful experimental investigation into different methods of dealing with the remnant of the cord after its ligature. He compared the behavior of different bits of cord under the following conditions: (1) simply exposed to the air; (2) inclosed in a glass case so that evaporation of moisture was prevented; (3) wrapped in a rag soaked in carbolic oil; (4) wrapped in a dry rag. He found that numbers 1 and 4, which were simply kept dry, quickly mummified without smell; number 2, in which evaporation was prevented, soon stank; number 3 did not get fetid, but did not shrivel up. From these experiments the best way of dealing with the bit of cord is obvious.

A most important point remains to be mentioned, viz. that with the prevalence of this navel affection there were a remarkable number of cases of purulent ophthalmia. What the connection is—whether the eyes were infected from the umbilicus or *vice versâ*—our author is unable to express an opinion.

Another point of interest is that a striking number of the children who died were premature. This, in fact, seems the chief element in prognosis; for the children at term who were attacked mostly survived.

For the prevention and cure of this malady the chief point seems to be: 1. To keep the bit of cord which remains attached as dry as possible; 2. The greatest care in washing and dressing the child, so that there shall be no possibility of contact between contagious pus or the maternal discharges and the eyes or umbilicus of the child. As an application to the umbilicus Dr. Runge recommends a powder composed of salicylic acid and starch.

Hypodermic Injection of Mercury.—The subject has lately been brought forward again in France in such a manner as to attract fresh notice and interest. In the séance of the Société des Hôpitaux of Paris, of July 8th and 22d M. Martineau gave the results of his experience in the use of a new form of mercury—the *peptonate*, or rather, *mercurial peptone*, as he terms it. The fact that mercury is absorbed in the state of *albuminate* had already suggested the addition of white of egg to the solution in the hope of thus facilitating its absorption, with better, but still unsatisfactory results. Then Bamberger proposed the substitution of peptone for the albumen. Acting upon this suggestion M. Martineau has had prepared a solution which he has employed with the results to be noted, and which is composed as follows:

Bichloride of mercury.....	gr. $\frac{1}{4}$;	0.015 Gm.;
Catillon's dry peptone... / Chloride of ammonium (pure).....	āā gr. $\frac{3}{8}$;	0.024 Gm.;
Glycerin and water.....	℥ ij;	8.00 Gm.

He began by injecting fifteen minims of this solution, containing a thirty-second of a grain of the sublimate every third day. No ill effects being observed the dose was increased to one sixteenth, and finally to one ninth, and the injections were given daily. The solution which he was employing at the last

report contained from one eighth to one ninth of a grain to every fifteen minims. The result of this treatment in M. Martineau's hands, deduced from an experience of nineteen hundred injections, was most striking. There had been, he states, no local accident, nor abscesses, nor induration, nor had salivation ever been produced. In the great majority of cases there was no pain. In two or three only had there been a burning sensation, not severe, but lasting for several hours, and in five or six others a slight smarting was experienced, never of more than an hour's duration. These unpleasant sensations have become manifest after the first two or three injections, but have not persisted after the fourth. The seat of election with M. Martineau for the administration of the mercurial in this form is the back between the scapulæ or in the lumbar region, on account of the cellular tissue there being loose and abundant. He insists that the needle should be sharp, and that it should enter deeply into the tissues.

The mercurial thus administered appeared to M. Martineau to act more promptly and with more effect than when introduced by the stomach, and to be especially applicable to very grave cases with threatening symptoms, where it is necessary to produce decided and prompt action. The procedure recommends itself moreover by the ease with which it is employed, and by the absence of pain and other bad consequences. M. Martineau proposes to continue his experiments, and increase still further the dose of the sublimate. Making all allowance for M. Martineau's enthusiasm and prejudice in favor of a method of which he is himself the advocate, the results are too remarkable not to excite our deep interest. While unwilling to accept all that M. Martineau has said, therefore, until confirmed by the experience and testimony of others, we can not ignore the statement of any credible witness as remarkable as these. Who can say of the subcutaneous injection of morphia, which we use habitually and without hesitation, that he has administered it nineteen hundred times without once producing an abscess, induration, or scar, and in only a very small minority of cases with only a burning or smarting pain of no great severity?

In this connection it is of interest to learn that Lewin, of Berlin, is also popularizing this method in Germany, especially in hospital practice. We may add that there seems no good reason for limiting it to hospitals any more than in the similar use of other drugs. Wherever the patient is willing to submit to it and can be seen daily it may be resorted to.—*Md. Med. Jour.*

Clinical Urology.—M. Robin reported to the Society of Biology in Paris two cases in which the patients suffered from diseases whose differential diagnosis, though very difficult by the ordinary means, was yet rendered easy by an examination of the urine. The first case was that of a boy aged fifteen who presented obscure typhoid symptoms. The second was a patient of the same age with almost identical symptoms, except that in the latter case there was slight hyperesthesia and slow pulse. In the second case there was reason to suppose that the patient might be suffering from tubercular meningitis. Examination of the urine resulted in the following observations: In the first case it was turbid, with a specific gravity of 1.003, and a slight excess of urea and uric acid was present. Nitric acid poured down the side of the test-tube containing the urine caused a number of superimposed zones to form in the following order: A stratum of uric acid, a transparent zone; a stratum of albumen, and underneath a blue ring due to the presence of indican. In the case of the second patient the urine had a reddish tinge, was clear, with a specific gravity of 1.032, and contained a very considerable quantity of urea; neither albumen nor indican was detected on the addition of nitric acid, but urohematin was shown to be present. From this difference in the urine M. Robin diagnosed typhoid fever in the one case and tubercular meningitis in the other, and post-mortem examination verified in each case the diagnosis. M. Robin states that this difference in the urine exists in all the cases which he has hitherto examined. In typhoid fever indican and albumen are always present, but only very rarely urohematin. The albumen, however, is sometimes present at the beginning of continued fever under certain conditions, such as pulmonary complications, hemorrhage, facial erysipelas, or when the disease attacks a very robust individual and assumes an inflammatory type. M. Robin concluded his remarks by stating that the presence of indican in urine affords a very valuable diagnostic sign of typhoid fever; for although we can not say that the patient is free from the fever because the coloration is absent, yet when it is seen in the urine he must be said to be suffering from typhoid.—*Le Progrès Medical; Practitioner.*

Injections of Peptonated Mercury for Syphilis.—M. Martineau has published the result of a large number of cases of syphilis treated by a new method at the Hôpital Lourcine. The preparation employed consists of a mixture of powdered peptone, chloride of ammonium, and bichloride of mercury, which are dissolved in water and glycerin. In order to have a standard solution which shall contain five centigrams (.02 grain) in a gram the following proportions are taken: Powdered peptone (Catillon), nine grams; chloride of ammonium, nine grams; bichloride of mercury, six grams. These are dissolved in glycerin, seventy-two grams; water, twenty-four grams. This solution, which the author calls "normal," further diluted with five parts distilled water, is of such strength that an ordinary French hypodermic syringeful represents ten milligrams, or a fifth of a grain of corrosive sublimate. The solution is injected subcutaneously, and the dose employed by M. Martineau has varied from two milligrams (one twenty-fifth of a grain) to ten (one fifth of a grain) of bichloride of mercury. Altogether one hundred and seventy-two patients have been under observation and a total number of 3838 hypodermic injections made. No abscesses or sloughs have ever followed the operation; sometimes a defective injection has given rise to a lump, but this has always rapidly disappeared. There is never either stomatitis or salivation, even with a fifth of a grain of the mercuric salt daily. It may here be noted parenthetically that the dose of bichloride of mercury prescribed to be taken by the mouth is much larger in France than in England, two fifths of a grain daily not being considered excessive. The rapidity and certainty with which the symptoms disappear under this treatment are abmost marvelous. Taking at random one of the cases reported (the fiftieth) forty injections in six weeks sufficed to cure a syphilis which had been rebellious to the usual mercurial course for eight months. This statement that the patient was cured is the more remarkable as it comes from a man who wrote not a year since that the minimum of mercurial treatment necessary to cure was four years and upward.—*London Lancet.*

Hypodermic Injection of Water in the Treatment of Pain.—In the *Gaceta Medica* of Venezuela Dr. Ponte relates his experiences in several instances in which he employed water hypodermically for the relief of pain. The first case was that of a boy who was suffering from an attack of intercostal neuralgia so severe as almost to endanger the life of the patient by interference with respiration. Not having any morphine with him the author determined to work upon the imagination of the sufferer by injecting pure cold water over the location of the pain, a procedure which, much to his astonishment, was followed by permanent relief. Impressed with this fact Dr. Ponte resolved upon further experiments. The next case was one of toothache. In order to eliminate the imaginative element he informed the patient of the treatment to be employed, for the execution of which permission was rather reluctantly given. An injection practiced upon the side of the face nearest to the pain was followed by considerable ardor, but in less than a minute the odontalgia had subsided. Animated with these results he employed cold water in a variety of pains, always with happy issue, even in cases where morphine had been the drug previously administered. Another patient had been suffering nine years from intense gastro-intestinal neuralgia which baffled all remedies. The pain came on after meals, and its violence was such as to cause her frequently to faint. When first seen by the writer she was utterly prostrated. Two injections relieved the pain, and subsequent tonic treatment restored her to perfect health. Several hundred cases have been treated in the manner described, with good results. No explanation is given as to the action of the remedy.—*Medical Record.*

Treatment of Sea-sickness.—Says Dr. Charles Gibson, in British Med. Journal:

There is a prophylactic measure which I believe will mitigate all sea-sickness and prevent most. I mean the use of bromide of sodium in large doses for some time previous to embarkation. I say sodium bromide, as I think it in several ways preferable to potassium bromide; it is more readily soluble, and being in the form of a dry powder can be carried about and measured more readily than the irregular-shaped crystals of bromide of potassium. Patients also say it is the more agreeable of the two to take; some also complain that bromide of potassium acts too much upon the kidneys, while bromide of sodium seems to affect the urinary secretion very little. The traveler should take a dram of this salt thrice daily for at least two days previous to sailing, the dose being reduced by half when on board. I have on many occasions recommended this drug, and whenever it has been taken as I directed it has given most satisfactory results. One patient, a lady who could not cross Brooklyn Ferry without feeling sea-sick, crossed the Atlantic in rough weather without feeling in the least sick; and many others who were usually very sea-sick were scarcely sick at all. The least favorable opinion of its efficacy that I heard was, "Well, I am not half so bad as I expected to be." . . .

For the surgeon of a crowded emigrant-ship the hypodermic injection of morphia is one of the most convenient and efficacious of remedies, especially in the rough transatlantic passage, where the number of emigrants is so great that medical comforts and drugs would have to be used in very large quantities, and take much time to dispense; and where, besides those suffering purely from sea-sickness, there are usually a number of people of excitable temperament also ill and so noisy and troublesome as to annoy their neighbors; besides which there are generally one or two whose minds become temporarily affected by the unaccustomed suffering. I have tried oxalate of cerium, atropia hypodermically, citrate of caffein in grain hourly doses, without any noticeable benefit. As far as my experience goes bromide of sodium, taken in large doses for some time previous to embarkation, is the "best thing for sea-sickness."

A New Method of Treating Subcutaneous Nevi.—About a year ago a child aged nine months was brought to me with a nevus about three-quarters of an inch in diameter, filling up the fossa on the left side of the nose. The swelling was entirely subcutaneous, and it was evident that none of the applications which cure the superficial form of the disease would be of any use. The gold needle usually employed in such cases was connected with a battery and introduced into the tumor, but the restlessness of the child (his eye being endangered) made me abandon it. Two lengths of No. 24 silver wire were then passed through the middle part of the swelling, parallel to each other and about a quarter of an inch apart. The zinc and carbon of a Bunsen cell (quart size) were then connected with the ends of each wire separately. The result was great heat in the wire during the short period, one or two seconds, of connection. The ends of the wires were then tightly twisted together, protected by being covered with lint and plaster, and left for the next application, which took place a week later. The current was applied three times altogether. The wires were removed after the third galvanization, and no further treatment was needed. The nevus is now hardly perceptible.

This mode of using the galvanic current in the deeper nevi appears to me to be recommended by its simplicity and freedom from danger. There is less pain than is caused by the usual introduction of the needles at each operation, and a single cell (bichromate, Grove's or Bunsen's) is sufficient, the only resistance being the fine silver wire.—*Carey Coombs, M.D., in London Lancet.*

The Relief of Toothache by the Application of Nitrite of Amyl and Nitroglycerin.—Some time after reading Dr. Murrell's experiments with nitroglycerin in cases of angina pectoris I was led to suggest that in all probability it would be found useful in the same cases as nitrite of amyl. This idea has, I am glad to say, been proved by several writers to be correct, and I have now another instance to produce of the similarity in effect between these two materials. A short time ago when suffering from a severe attack of toothache in consequence of caries I was led to apply among other things some cotton wool steeped in Richardson's compound anesthetic ether, which contains nitrite of amyl. This at once gave instant relief, and I found if immediately on cessation of the pain laudanum was applied by means of some fresh cotton wool the pain could be kept off regularly for four hours at a time. In fact this treatment was kept up for days with uniformly the same result. I now learn that a one-per-cent solution of nitroglycerin applied to the tooth has the same effect in stopping pain as nitrite of amyl, and there can be little doubt as time goes on we shall have further instances brought forward of the similarity in effect exhibited by these two substances.—*F. P. Atkinson, M.D., in Practitioner.*

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

TO THE PERSON RECEIVING THIS COPY AS A SPECIMEN.

The NEWS enters its seventh year January 1, 1882. Its support is assured; its character as a live, accurate, and newsy medical journal well established. Your attention is solicited to the unusual excellence of its paper, type, and press-work. Items, reports of cases and of transactions of local societies will be gratefully received. Your subscription is invited.

"COOKED" THERMOMETERS.

The slang term of the title is one familiar to newspaper readers as applied to testimony gotten up for a fraudulent purpose, as "cooked" election returns. It is applied here with particular fitness to a new dodge that may become popular with the tramping class who when winter comes take to the hospitals for shelter, and whose lingo has made the "Rogue's Lexicon."

More than a year ago there went the rounds of the medical press an account of a case of excessively high temperature occurring in a London hospital patient who had an amputated thigh and symptoms of necrosed bone in the stump. In the meantime she has been dismissed and has been received into Dr. Stephen Mackenzie's ward for treatment of the painful stump and investigation into the paradoxical temperature. For nearly a year she has been under observation, and within that time has on various occasions puzzled the pathologists by axillary readings of 113°, in fact as high as the mercury would go. At the same time in the rectum and mouth the heat was normal, the pulse 70 or 80, and the respiration 20. When she was watched there was nothing extraordinary in the register; even though a few minutes before, when she was unobserved, it had reached the highest points in the clinical scale. As the patient was a neurotic subject and "an educated hospital patient" —i. e. knew the importance attached to a high temperature — also an opium-user of twelve years' standing, and therefore with a moral sense subject to the craving, it was more easy to suspect her of fraud than to accept the paradoxes of extraordinary and quickly oscillating temperature out of correspondence with the pulse and breathing and other symptoms. She was accused of a trick with the thermometer, and at first absolutely denied the charge, but has since acknowledged her imposture.

In the discussion of the case before the Clinical Society Dr. Mohamed reported a similar case of high temperature in an anemic woman. When the thermometer registered 115° or even 128° her body did not feel particularly hot, nor did a surface- or non-registering instrument mark the high degree. He alluded to the fact that by rubbing and pressing the bulb for a few seconds the mercury could be sent up to the top, and the same result would ensue if the instrument were breathed upon when enveloped in folds of silk. Dr. Mackenzie was aware of the fact that when the thermometer was inverted the index might be shaken to the summit, and he suspected his patient of tampering with it in this way or by artificial heat. She confessed that her method was to "warm" it with a poultice or hot

bottle or some other warm appliance used for pain.

It is not impossible that paradoxical temperatures may occur without fraud, but in view of the fact that several of those once considered cases of anomalous heat-range have turned out to be cases of deliberate deceit, it would be wise to scan very skeptically reports of this kind hereafter. There is no limit to the ingenuity of a hysterical woman when once she practices to deceive. The egotistical element of this condition prompts them to deeds of petty fraud to excite the interest of friends and doctors. If accused they usually resort to hard lying rather than confess. That large class of "*miserables*" who prolong their stay in hospitals by malingering would quickly take to this dodge if sufficiently informed of the clinical significance of the body-heat. "Cooking" thermometers may in this way come to be grouped with "soap-foaming" at the mouth, "brick-dust" hemorrhages, feigned pains, and ulcers kept sore by nocturnally-applied irritants.

A NOVEL "FAITH-CURE."

An epidemic delusion which has had a longer run than is usual with crazes of this kind among well-informed people has been much commented upon by the press of this neighborhood under the name of "Pink Cottage" faith-cure. The name is derived from the house in Boyle County, Ky., which was especially blessed by manifestations of an apparent special intervention of God in behalf of invalids prayed for within its walls. That quite a number of invalids were benefited by a visit to the sacred place with its religious exercises can not be doubted.

We find in the British Med. Journal a cure by faith quite as striking as any yet attributed to the methods of the "Pink Cottage." In this case, however, the charm was plainly in the mystery of an unknown language employed by the officiating ministers, and not in the sentiments or sense conveyed by it. It suggests the query, Did not the Protestant Church lose some power over the faith of the masses when it discarded Latin from its ritual?

"On July 26th a woman, aged about forty-eight, was admitted into St. Mary's Hospital, under the care of Dr. Broadbent, suffering from paraplegia of about five months' duration, attended with much pain. The lower limbs were remarkably rigid in the position of extension, but the foot was not arched and turned in, as is sometimes seen in hysterical paraplegia. Ankle-clonus was well marked. Knee-reflex could scarcely be elicited on account of the extreme rigidity of the limbs. When, however, the knee was bent, and the tendon then struck, the reaction was exaggerated. Sensation and the functions of the bladder and rectum were normal. There was no distinct hysterical history, nor were there other hysterical phenomena. The catamenia had not returned since the birth of her last child, two and a half years previously. It was suspected that the case was hysterical, but the diagnosis was not confidently made. The patient remained unaltered in condition till the time of the Congress arrived. During the week of its sitting Dr. Broadbent visited the wards two or three times in company with foreign physicians. Among others Prof. Pierrot and Dr. Tripier, of Lyons, and Dr. Hallopeau, of Paris, saw the patient and examined her carefully, and much discussion in French took place by her bedside concerning her. Two days after the last of these visits Dr. Broadbent was informed that the patient had suddenly got up and begun to walk about. At first she moved rather stiffly, but she soon recovered fair use of her limbs. There was a threat of retention of the urine, which was treated by a sinapism and not by catheter, and did not give much trouble. There can be little doubt that in this case the chief factor in the cure was the French spoken at the patient's bedside, which impressed her imagination and had the effect of an incantation. The discussion of her condition in English would probably have been followed by no such result."

Original.

INFANTILE SPINAL PARALYSIS.

Clinic of the University of Louisville, April 25, 1881.

BY J. W. HOLLAND, M.D.
Professor of Diseases of the Nervous System.

[Reported by Jas. A. Kelleam.]

Gentlemen: Mrs. H. L. brings to the clinic this morning her son, aged two and a half years. She says he has been weak in his legs for the last six weeks. Weakness in the legs is a common term for motor paralysis, which, as you know, may be a symptom of several different diseases. It is confined to the legs, and hence is a paraplegia due probably to a spinal lesion. If it were hemiplegia, the brain would most likely be the seat of disease.

But let us inquire into the mode of onset of this weakness. We learn that all his life he has been healthy, and that just previous to this attack he was not ill in any way. One night, after going to bed, he had a high fever, was flighty, and finally went into convulsions. The fever declined in a few hours, but it left him unable to walk, and at first unable to move either leg. There was some complaint on moving his legs, but now, as you observe, he allows me to handle them freely. His general health has not been so good since the attack. He has lost flesh, and, as you can tell by feeling his legs, these have wasted considerably, the skin being loose and the muscles soft and flabby. On examination I discover the legs to be cold. I find them weakened, although with some power remaining in the extensors of the legs and flexors of the toes. The tibialis anticus is totally paralyzed, not even reacting to the faradic current. The feet are drawn backward and inward, owing to the disproportionate strength of peronei and calf muscles antagonizing the tibialis anticus and the flexors of the tarsus. The tibialis anticus, although it gives no response to *faradism*, yet shows some excitability upon the application of *galvanism;* in fact more than does a healthy muscle. You can see a slow and rather prolonged contraction when the galvanic current passes. This last phenomenon is what Prof. Erb calls the "reaction of degeneration." When it can be obtained over a muscle it denotes that grave organic changes have taken place either in that muscle or its nerve. The degenerations of muscle structure speedily destroy their contractility to the stimulus of currents of short duration, like those of the interrupted faradism, though the fibers may still be responsive to the longer electrical tone set up by the continuous galvanic current. If the degeneration progresses it will be indicated by the diminution of galvanic excitability. If, on the other hand, regeneration should occur, still there will be a diminution of this reaction to galvanism, but a corresponding restoration to faradic contractility, which is now wholly lost.

This "degeneration reaction" is of value in diagnosis and prognosis. It is found in the tropho-neuroses, in all complete traumatic palsies, in grave cases of facial palsy, or wherever the nervous connection is seriously impaired by injury or disease of the nerve. Lead palsy is marked by it, and the affections of the motor group of cells in the anterior cornua of the spinal marrow. This last is probably the cause of the paralysis in this little boy. An acute inflammation somewhere in the dorso-lumbar enlargement of the cord confined to a few groups of motor cells occurred six weeks ago, and as a consequence there was paralysis and subsequent atrophy.

He has infantile spinal paralysis, a disease occurring usually before the third year during dentition, and hence sometimes called the paralysis of dentition. Dentition may be remotely a cause of it, rendering the patient more susceptible to causes of disease which under other circumstances would not be operative. Often there is a history of exposure to cold, and sometimes it is a complication of or sequel to acute diseases, such as measles or scarlatina. In a large proportion of cases seen, like this one, after the acute symptoms have subsided I have failed to learn that any marked deviation of health or unusual exposure preceded the onset.

Commonly the disease signalizes its invasion by a few hours of fretfulness succeeded by fever. This fever varies considerably in duration as well as intensity, sometimes lasting for several days and sometimes accompanied as it was in our patient by delirium and clonic convulsions. I have notes of several cases in which there was no disturbance of health at all. The child some morning does not lift the arm from the side, or when put on its feet sinks to the floor.

These may be the earliest intimations received by the parent, intimations of damage done quietly in the night. If the paralysis should attack insidiously a child too young

to walk, it may go undiscovered for months. I have known a decided instance of this sort to be considered by the parents and the doctor as mere "backwardness" until atrophy and coldness in the legs awakened the mother's suspicions. The electrical test will soon settle the question in doubtful cases. Mere backwardness is not attended by loss of electro-contractility; while in this kind of palsy there is always diminution and often absence of response to the battery.

In a few hours the palsy of our patient reached its greatest limits. Since the subsidence of the fever there has been certainly no increase and probably a lessening in the extent of the parts involved as well as in the degree of weakness. If observed closely for a few weeks or months there will often be detected progressive improvement, either of the paralyzed parts entirely or of groups of muscles; but you will not hear of any progressive increase in the palsy.

I have said that if this case were hemiplegic instead of being paraplegic we would look to the brain as the seat of the lesion. This statement needs to be qualified. Duchenne and Barlow have recorded instances which in the beginning were hemiplegic, involving the sides of the neck, face, and tongue, but which ultimately receded to a few muscles in the extremities. Remembering that hemiplegia from brain-disease is exceedingly rare in children it would be well to look closely to a case of this kind lest your case turn out to be atrophic and with a different prognosis from that usually given to cerebral palsies.

Our patient complained at first when his legs were handled. Pain is a common although not an essential symptom in the period of invasion.

This child's mother says she has heard that her boy will be a cripple for life, and asks if it be true. If this question had been asked just after the fever had ushered in the palsy, I should have postponed my answer until time had shown what was its natural tendency.

There is a form of palsy appearing in infants, called by Kennedy "temporary spinal paralysis," which is exactly like this in the beginning, but which usually recedes within a month. I have seen several cases which passed away after brisk purgation, which leads me to believe that paraplegia may sometimes be a "reflex" phenomenon due to undigested food. Others have reported a weakness in the legs as due to genital irritation from a contracted prepuce, relief following circumcision. No cases of this kind have come under my observation.

After six weeks have elapsed usually the improvement of a rapid character has about ended, and the disease localized itself either in a single muscle or a group. Further but slower improvement may be expected where the muscles do not give the "degeneration reaction," but when that appears the prognosis is bad, as atrophy of the muscle-fiber has already begun.

We may expect all the muscles, which at this stage respond to *faradism*, to be benefited by an electrical course. Even when there is no response to *faradism*, if the part retains its *galvanic* contractility hope is not entirely lost. If this child could be treated in a hospital regularly and methodically by applications of the current which gives contraction, something might be hoped for even in the anterior and external muscles of the leg. But experience has taught me that none but the well-to-do can spare the money and time required for daily excitation during the years of treatment called for. It takes not months but years to help these degenerated muscles to any appreciable extent.

The level of general health should be kept as near as possible at its norm by exercise in the fresh air, by suitable clothing, by plain and wholesome fare. If as in this case a tonic is called for I like to give to children the elegant preparation known as the elixir of iron, quinine, and strychnia—about half a spoonful three times a day. Regular calisthenic movements should be encouraged, and hand-massage with warm baths employed every night.

You perceive that I have made no mention of the spine as a locality to be treated. It is now too late to do any good by addressing remedies directly to that part. If the case had been seen at the onset of the inflammation, ice-bags should be applied to the spine, succeeded by dry cups. I would give a purgative dose of calomel and follow it up with bromide of potassium and ergot.

We can assure the mother that the child will improve, but that he will probably have clubfoot for life. The present deformity will increase unless mechanical devices are used to prevent. Stout gaiters with a steel shank of proper form will do much toward preventing the talipes; but this is a surgical matter hardly appropriate for the present occasion.

LOUISVILLE.

Correspondence.

MENORRHAGIA DUE TO FOREIGN GROWTH.

Editors Louisville Medical News:

About a week ago I was called in haste to see Mrs. B., who had been suffering for several days from what she took to be painful menstruation. I found patient looking very pale and flooding profusely. Her clothing and the bedding were saturated with blood. I called for warm water, and while waiting for it I removed the pillows from her head and elevated her hips instead. On making a digital examination I found the os dilated and bright arterial blood flowing from the uterus. Cold cloths were applied to the abdomen and warm water injected every half hour. Soon the hemorrhage was under comparative control. I also gave several large doses of fluid extract of ergot and stimulants freely.

As she still continued to have considerable hemorrhage, I made repeated efforts to introduce my hand into the uterus, and succeeded in introducing two fingers, when I found attached to the uterine walls a fleshy lump about the size of a hen's egg. After repeated efforts I succeeded in detaching this and removing it, when the hemorrhage ceased entirely and did not return. Under tonics and liberal nourishment she is now doing well.

W. H. LEWIS, M.D.

GRAYSONVILLE, MO.

Reviews.

Essentials of the Principles and Practice of Medicine: A Hand-book for Students and Practitioners. By HENRY HARTSHORNE, A.M., M.D., etc. Fifth edition, improved and thoroughly revised. With one hundred and forty illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881. Cloth, 8vo, pp. 669. Price, $2.75.

It is nearly twelve years since we made the acquaintance of this unambitious but really valuable little book. In fact there was an ambition evident in it to the eye that saw it clearly. It was to compress without jnjury the recognized medical principles and best-known truths into the briefest possible space. It is remarkable how successful the author has been in making his summary of the additions to knowledge which recent medicine has made.

In connection with the pathology of the nervous system much new matter is introduced. A short account of the eyesight will be looked on as a beneficial addition. Faith in the superior claims of clinical observation over laboratory work as a therapeutic guide is expressed with emphasis, and the old tone of conservatism still pervades the sections on treatment. Now, however, the warning-cry is against over-medication, which is the fashion of our day.

The illustrations are chosen from excellent sources and used with good effect.

The Nurse and Mother. By WALTER COLES, M.D., St. Louis.

This is a manual of a hundred and fifty-three pages prepared as a guide for monthly nurses, in regard to pregnancy and childbirth, and contains besides instructions to mothers for the management and feeding of infants. It is to be commended for the plain common sense of its teachings and for its dignified tone.

The author avows an intention to elevate the nurse, which he attempts to do not only by giving scientific information, but also by injunctions as to deportment and bearing in the sick-room. It is just such a book as a nurse or mother seeking enlightenment ought to have put in her hands.

A Text-Book of Physiology. By M. FOSTER, M.A., M.D., F.R.S., Prelector in Physiology and Fellow of Trinity College, Cambridge. Second American from third and revised English edition. With extensive notes and additions, by EDW'D F. REICHERT, M.D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. With two hundred and fifty-nine illustrations. Philadelphia: Henry C. Lea's Son & Co.

Change, unceasing change, is written on every science, but in none has there been a more active development than in physiology. To present its most recent aspect one must needs be a constant student and worker. Far into the recondite parts of chemistry he must go, and the latest revelations of the microscope must not be unnoticed.

Of Dr. Foster's fitness for this kind of work there can be no question. His American editor has contrived, we think, to improve upon the performance of the English author, whose rank and ability it would be superfluous to commend. Dr. Foster takes for granted more early training than would be justified in the experience of American teachers. His book has been on this account less popular with students than the larger treatises which explain subjects more

in detail. In the present edition it is to a great extent freed from these defects as a text-book. Figures and plain descriptive text upon physiological anatomy have been introduced to the material advantage of the reader. It is now a book to which the practitioner may go or to which he may send his student with every assurance that the latest and truest physiological knowledge may be had in clear and concise statements.

A Treatise on Food and Dietetics (Wood's Library of Standard Medical Authors). By F. W. Pavy, M.D., F.R.S., etc. Second edition, New York: Wm. Wood & Co. 1881.

It is alike creditable to Dr. Pavy and to his publishers that this work has been reprinted in the standard series. It is very practical, very scientific, and extremely entertaining. No one should be more concerned than the practicing physician in all the discoveries relating to food and digestion. The whole bearing of dietetics, physiological and therapeutic, has been discussed by Dr. Pavy with the learning and insight demanded in this exacting age.

To produce a work so compendious and rich in information, many rare books mentioned in his reference have been consulted. But comments of this sort will appear trite to those readers familiar with this treatise in other editions. To them it will suffice to say that the present edition is not greatly different from the first. The distinctive features that made it attractive and readable have been to some degree enhanced by revision. More particularly is this true of that part which treats of wines.

Books and Pamphlets.

Registration and Sanitation: Their Value. By Henry F. Campbell, M.D., Augusta, Ga. Reprint of Georgia Board of Health, 1881.

Aids to Diagnosis. Part III: What to Ask. By J. Milner Fothergill, M.D., M.R.C.P. New York: G. P. Putnam's Sons. 1882.

A Handbook of Uterine Therapeutics and of Diseases of Women. By Edward J. Tilt, M.D., etc. Fourth edition. New York: William Wood & Co. 1881.

A Treatise on Food and Dietetics Physiologically and Therapeutically Considered. By F. W. Pavy, M.D., F.R.S., etc. Second edition. New York: Wm. Wood & Co. 1881.

Carpentry and Building. December, 1881.

Chronic Clubfoot successfully treated without Tenotomy, by Continuous Extension and Stretching. By James S. Green, M.D. Reprint.

Suppression of Urine: Clinical Descriptions and Analysis of Symptoms. By E. P. Fowler, M.D. New York: Wm. Wood & Co. 1881.

Lectures on Electricity in its Relations to Medicine and Surgery. By A. D. Rockwell, A.M., M.D., etc. New York: William Wood & Co. 1881.

Essentials of the Principles and Practice of Medicine: A Handbook for Students and Practitioners. By Henry Hartshorne, A.M., M.D. Fifth edition, revised and improved, with one hundred and forty-four illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881.

A Text-Book on Physiology. By M. Foster, M.A., M.D., F.R.S., etc. Second American from third revised English edition. With notes and additions, by Edw. T. Reichert, M.D. Two hundred and fifty-nine illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881.

How to Use the Bromides. By Geo. M. Beard, A.M., M.D., New York. Reprint.

The bromides, he asserts, are best given in doses of not less than twenty grains, largely diluted. There is much information in the brochure concerning these highly useful drugs.

Miscellany.

Art and Mystery of "Bone-setting." The only mystery about that vaunted success of bone-setters lies in their boldness, an audacity bred of ignorance. Knowing nothing of the risks attending the violent jerking of dislocated limbs back into their sockets with the tearing away of adhesions and the rupture of tissues, they apply force in a degree and with a directness which few scientific surgeons would dare to employ. In a considerable proportion of cases no evil consequences may ensue, and the violence of the unskilled is rewarded. It is, however, scarcely fair to call these persons unskilled. There is a rude art about their proceedings. It consists in acquiring by manipulative investigation a knowledge of the way joints work under natural conditions, and by inference how they may be put out of gear. In this rough knowledge, which is of a sort with that which the able-bodied seaman possesses in regard to the ropes, sails, and rigging of his ship, the successful bone-setter is generally expert. He knows no more of the vital mechanism of the human body than the sailor knows of navigation; and though he may be able to haul and jerk, he can not either know what he does or deter-

mine when and how force may be safely applied or would prove dangerous. It is strange indeed that the intelligent community should trust their limbs—and lives—to bone-setters. Nothing but blindness to the ignorance of those they employ can explain the fact that they frequently do so. It is desirable that the facts with regard to the sort of success bone-setters sometimes achieve should be clearly understood. It is the success of the man who by a lucky jerk of the wrist may chance to pull out a tooth which a skilled dentist would scarcely dare to attempt to draw. That blacksmiths can and do extract teeth, and bone-setters can and do reduce dislocations which surgeons have not had the hardihood to tear away from their false positions and force back into their sockets, no one can deny; but that these feats are accomplished by dint of a daring which comes of ignorance should be generally understood.—*London Lancet.*

Medical Temperance.—The press generally, and the teetotal press in particular, has been lately giving much attention to an address upon alcohol by Dr. Andrew Clark. It is no mean proof of the gravity with which medical men treat this subject, that one of the busiest of London physicians, during his much-needed summer vacation, should respond to an invitation from the teetotallers of a Scotch town to give them his views on it. It is creditable also to the teetotallers that they should in their crusade against intemperance have asked for the help of a physician who holds the scales with a judicial hand, and is not prepared to go their lengths in cursing alcohol. Dr. Clark told the sturdy teetotallers of Galashiels that the young and the healthy were infinitely better without alcohol; that many people using alcohol and thinking themselves the better for it, and looking strong and stout and rosy beyond their fellows, were damaging their most essential organs by what they considered moderation, but what he called excess of the physiological quantity; that he regarded it—this so-thought moderate drinking—potential in the production of gout, heart-disease, Bright's disease, and liver-disease. But Dr. Clark stopped short of the shibboleth of the teetotallers. One of his chief words to the intelligent and strong teetotallers of Galashiels was to suggest to them that good and blessed as the work was which they were doing, they might extend it by forming a society of persons who would be bound by "physiological quantity," who would use alcohol only as a diet and not at random or for social reasons. Many persons, Dr. Clark argues, would and should join such a society who can not see their way clear to join a strictly teetotal one, and whom he as a physician could not advise to join.

From a medical point of view Dr. Clark is quite right. We must avoid the intemperance which disparages moderation so long as it is real and not deceptive. . . We would undertake to say that a dozen leading medical men could be found to formulate rules for the use of alcohol that would involve no danger to health and be a powerful protest against existing abuses. Another of Dr. Clark's suggestions would strike at the root of more than half the intemperance which obtains—namely, that there be no drinking of alcohol save with meals. This is a point upon which medical opinion is unanimous. There is nothing but evil as a rule in the practice of taking alcohol without food. Casual drinking at any hour of the day, with any stray companion, upon an empty stomach, is to invite disease and lay the foundation of drunkenness.—*London Lancet.*

Medical Adventurers.—A lady at Long Branch, says the Boston Courier, died recently from the effects of eighteen bottles of anti-fat medicine which she had taken in ten months. This is one case that has been brought to light; probably hundreds of others have committed suicide in a similar manner; and there are thousands today who are shortening their lives by taking similar compounds. The people who make these mixtures and put them upon the market ought to be reached by the law in some way. We forbid druggists to sell poison without a physician's recipe, and yet allow adventurers and quacks of all descriptions to offer "anti-fat" and "anti-lean" preparations which poison the blood and bring in most cases death to their customers.—*Med. Times and Gazette.*

Mitchell District Medical Society.—The Twenty-fourth Semi-annual Meeting of this society will be held at the court-house, New Albany, Ind., on Wednesday and Thursday, December 28 and 29, 1881; convening at 10 A.M., 2 P.M., and 7:30 P.M.

The hotel-rates (special) are: Central Hotel, $1.50 per day; Carpenter House, $1.00; Merchants and Farmers House, $1.00.

The J. M. & I. R. R. will charge four cents per mile one way round trip; I. N. A. & C. R. R. five cents per mile one way round trip.

THE BALLAD OF BACILLUS. (Dedicated to Professor Virchow.)—"The same *Bacillus* as that found in hay was produced. On the other hand the innocent organism found in hay might by a different method of cultivation be made to acquire virulent properties. Fed upon a vegetable diet, it was tame and harmless; but transplanted to another soil and given animal nourishment, it became savage (*verwildert*) and virulent."—*Prof. Virchow's address, International Med. Congress.*

O, merry *Bacillus*, no wonder you lay
Quiescent and calm when at home in your hay;
You never meant evil in hay-fields, no doubt,
Till cruel experiments worried you out.
An innocent germ on a sort of probation,
O, why did pathologists try cultivation?

We hear you were harmless and charmingly tame,
So why did our Virchow besmirch your fair fame;
Why should he transplant you, with infinite toil,
To new and to wholly unnatural soil;
When food vegetarian kept you so quiet,
Why tempt you to fury on animal diet?

"*Verwildert!*" says Virchow, who surely must know,
You are, when transplanted and cause us much woe;
So prithee, *Bacillus*, don't travel so far
As us, but stay peacefully just where you are.
You're innocent now, and have no wish to ravage,
And we've no desire, dear, to render you savage.
—*Punch.*

PERMANGANATE OF POTASH FOR SNAKE-BITES.—M. de Lacerda has lately discovered a fact of considerable scientific and practical importance which he has communicated in a note to the Paris Academy, namely, that permanganate of potash counteracts very effectively the poison of snakes. In a first series of experiments a water solution of the poision was injected into the cellular tissue of dogs, under the legs, and its usual effects were large swellings with abscesses, loss of substance, and destruction of tissues. But when an equal quantity of filtered (one per cent) solution of permanganate of potash was injected one or two minutes after the poison those local injuries were quite obviated, there was merely a slight swelling where the syringe had entered. Next introduction into the veins was tried, and the permanganate again succeeded admirably. In only two cases out of more than thirty was there failure, and this is attributed to the animals experimented on being very young and weak, and badly fed; also to the antidote being administered at too long an interval after the poison, when the heart was already tending to stop. In one series of cases the permanganate solution was introduced half a minute after the solution of venom, and the animal operated on showed no derangement beyond a very transient agitation and acceleration of the heart's action for a few minutes. In another series the characteristic troubles caused by the poison were allowed to manifest themselves (dilatation of the pupil, quick breathing and heart action, contractions, etc.) before the antidote was applied. In two or three minutes, sometimes five, the troubles disappeared; a slight general prostration followed for fifteen to twenty-five minutes, after which the animal would walk and even run about and resume its normal aspect. Other dogs poisoned similarly, but not receiving the antidote, died more or less quickly.—*Med. Times and Gazette.*

AMPUTATION AT KNEE-JOINT IN A PHTHISICAL SUBJECT.—The subject discussed by Mr. Bryant at the Medical Society of London on Monday last is of such interest that no apology is needed for noticing it here. The case which formed, as it were, the text for the disease was that of a young man who for some three years had suffered from disease of the knee-joint, and when he came under Mr. Bryant's care there was evidence of consolidation of both apices of the lungs. The thigh was amputated, the wound healed well, and the chest-symptoms improved, while the physical evidence of lung-disease diminished. In short, it was a case illustrating, first, the possibility of rapid recovery from a serious operation during the course of phthisis; and second, the fact that the removal of a chronically diseased joint may be followed by some improvement in lung-trouble.—*London Lancet.*

CHLOROFORM ASPHYXIA CURED BY TRACHEOTOMY.—A. B. Atherton, M.D., Fredericton, N. B., reports a case of suspended respiration occurring in the midst of an operation, during the administration of chloroform, or rather a minute or two after its use was suspended. After about ten minutes' efforts at artificial respiration, which proved unsuccessful, the doctor decided to open the trachea, which he did with two strokes of the knife. Immediately the air whistled in and respiration was at once restored. The recovery was rapid.—*Canada Lancet.*

DR. LOUIS ELSBERG, of New York, has been elected Professor of Laryngology and Diseases of the Throat in Dartmouth Medical College. He has resigned his professorship in the Medical Department of New York University.

Comparative Vital Movement of the White and Colored Races in the United States.—Dr. S. S. Herrick, of New Orleans, read a paper before the American Public Health Association in which he showed that the rate of mortality was considerably greater among the colored, especially during the first five years of life; that there was a greater liability to consumption and acute lung disease, while especial immunity was enjoyed from cancerous diseases, delirium tremens, and suicides. Much of the increased mortality was due to the inferior medical and hygienic attention. He also proved that there is a steady increase in the colored population, and that the African race is not dying out. An interesting fact was the vital disturbance in the colored gain during the decade 1860–70, being 9.9 per cent against 22.1 per cent in 1850-60, and 34.8 in 1870–80. From the almost absolute immunity from competition in their occupations, and the absence of overcrowding, he considered there was destined to be a constant numerical increase; but the same factors will prevent any corresponding intellectual improvement, because of the lack of incentives to other and higher industries. An interesting discussion on the probable future of the colored race in America followed.

Quintuple Birth.—The Paris correspondent of the Medical Press and Circular says that a case of quintuple birth has been recorded in a recent number of a medical journal. A woman, *enceinte* for the third time, was confined ten hours after the labor set in of a male infant which presented naturally, a few moments afterward a second bag of waters broke—a second child following and in the normal position. A third child was born under the same conditions. The pains ceased for a time, and on recommencing gave exit to a fourth child. A few minutes later the fifth made his appearance, bringing with him his placenta and bag of water complete; soon after two more placentæ, one large and the other small, made their appearance and then the uterus contracted spontaneously. The five children were well formed. All were born alive, but survived only a couple of hours. They appeared to be six months and a half old (intrauterine life). The three first children were inclosed in one bag of waters, and the three placentæ were joined to each other. The fourth and fifth had each a placenta and chorion separately. The mother made a good recovery.

Selections.

On Nitro-hydrochloric Acid.—Dr. Edmund A. Cook, Ph.D., etc., writes, in the Practitioner, an article on Nitro-hydrochloric Acid, from which we make the following extracts:

It is well known that with nitro-hydrochloric acid the best results are obtained when the strong nitric and strong hydrochloric acids are freshly mixed in due proportions and used shortly thereafter. When such a mixture is usually made an orange-colored liquid is the result, and a tumultuous evolution of gas may occur unless care is taken that both liquids are previously well cooled. After a time the orange color of the mixture changes to a lemon-yellow, and the odor of chlorine is entirely lost. Wood states that he has observed this lemon-yellow acid to be entirely useless, and suggests that as it is equally strong the difference in action between it and the freshly-mixed acids must be due to the disappearance of some unstable compounds of chlorine and oxygen or nitrogen and oxygen.

The results of some eighteen cases in which these medicines seemed suitable convince me that their value is great, and it is eminently desirable to suggest a convenient and sure form for their administration. It is clear that they may be given into the hands of patient or nurse—first, mixed and diluted; second, undiluted; third, in separate bottles, either diluted or strong. In the first method the virtues of the compound soon disappear. In the second the danger is extreme. In the third, if the acids be dilute they are of no use, if strong they are dangerous. When a careful nurse can be intrusted with two bottles of strong acid (or in the case of *acidum nitrosum* with one bottle), and with painful minuteness instructed to pour so many drops from one bottle into a dry glass, and add so many drops from the other, and then dilute with water, a patient under observation may get the medicine properly, with a sure result if the case is suitable; but burns and inaccuracies are unavoidable even here, and in private practice such an arrangement would result in the discredit of the practitioner and the injury of the attendant, if not in some fatal accident. Probably it is for these reasons that excellent practitioners are content with denying all special quality to the mixture or ascribing to the dilute acid equal value, whereas the dilute acid long mixed will act as neither more nor less than so much dilute hydrochloric acid. In the simple *acidum nitrosum* the good effect must be due, if not to nitric acid, to the lower oxides of nitrogen. In fresh nitro-hydrochloric acid the good effect may be due to either (1) an oxide of nitrogen, (2) to free chlorine, (3) to an oxide of chlorine, or (4) to a compound of an oxide of chlorine with an oxide of nitrogen.

The Albuminuria of Adolescents Often the Beginning of Bright's Disease.—Dr. Clement Dukes, Physician to Rugby School and Rugby Hospital, states (British Med. Journal):

The albuminuria of puberty is often so persistent, and even when it has disappeared, recurs again and again so often that I fear many of the cases pass on to chronic Bright's disease—although this I can only surmise, as I lose sight of them; but long-continued or often-repeated hyperemia is the cause of all kidney-disease.

Their *history* is this: An adolescent has symptoms that make me search for albumen: either morning headaches, disappearing as the day goes on; or marked dyspepsia; or increased impulse of heart and arterial tension; or slight edema observed in the face; or a feeling of debility, and even syncope. Albumen is found, and is followed for years. The heaving heart and the increased arterial tension are sometimes so marked that I can diagnose the albuminuria from it alone, and I am led to examine for it in consequence. Part of this increased cardiac and arterial impulse may be physiological, and owing to causes connected with puberty; part may be due to hyperemia of the kidneys.

It is intermittent in *character*, occurring perhaps at one time of day only; or one day and then not again for several days; or several days and then absent for weeks. It is also intermittent in *quantity*—sometimes copious, sometimes only a trace; but it is persistent in this intermission, and progressively increases.

Its *cause* varies. Sometimes scarlatina has preceded it; sometimes it is hereditary; more often its cause is untraceable, it having arisen and progressed insidiously. Microscopically there are no casts or cells. That this albuminuria is not connected with the secretions of puberty, as has been suggested, is beyond question; for whether it be copious or scanty, old or recent, it can be got rid of in an hour or two by putting the patient to bed and giving milk only; and it can be reproduced almost at will by getting up and giving more diet. That it is owing to hyperemic kidneys is, I think, clear.

That many cases of the albuminuria of adolescents are only transient in character is without doubt; that many persist for years, and yet recover, is, I think, probable; but that a large proportion are simply the first stage of Bright's disease will, I believe, be proved in time.

The Immediate Arrest of Bleeding from the Nose.—John Kent Spender, M.D., in British Med. Journal, says: An improved instrument is described in Mr. W. Spencer Watson's book on Diseases of the Nose and its accessory Cavities. It "consists of a gum elastic tube about five inches long, with lateral perforations near the end, and covered with thin caoutchouc membrane in the form of a spirally twisted bag for the last three or four inches of its length. To use it the membranous bag is smoothly folded over the continued tube, and the whole being oiled (diluted glycerin is better) is passed along the floor of the nares till it reaches the pharynx. The bag is now inflated, . . . and if a stop-cock is fitted the air is kept in by turning it as soon as sufficient tension is obtained." The cavity of the twisted bag could be injected with water if it were desired, but I have never found this necessary. When I recollect what "bleeding from the nose" was in old days, I can not be too thankful to Dr. Rose for his simple and effective invention. To be called to an obstinate accident of this kind, especially when other medical men had failed, was enough to make one sick at heart from the possibility of adding another failure to the dreary history; and then there was the consciousness that delay might mean impaired health or even death to the victim. The victory is half won when a man is armed with an apparatus which he knows is sure to succeed; and I am now speaking of cases in which he wishes to succeed, and which are not forms of natural bloodletting to be encouraged. The object of this brief communication is to recommend Dr. Rose's instrument for (1) facility of introduction; (2) the extent and evenness of the inflated area; and (3) the possibility of its remaining *in situ* for thirty-six or forty-eight hours, when it may be gently removed, and the hemorrhagic nostril can be syringed with some cold astringent fluid for purposes of cleanliness and the washing away of blood *débris*.

Special Points in Operating for Tracheotomy in Croup.—Dr. William M. Martin (Annals of Anatomy and Surgery) gives the following: 1. That procedure is the best which dispenses with the canula or any mechanical appliance whatever placed within the trachea, and hence the excision method, or separating the wound by wires or threads passed through the lips of the divided trachea, is to be preferred, and appears to be based upon the soundest surgical principles. 2. Tracheotomy proper is to be selected in all exudative inflammations of the windpipe. 3. The low operation is preferable on account of the greater diameter of the trachea at its middle in children, the upper portion of that tube near and at its juncture with the larynx being more contracted in early life; and again, the further down the opening the more apt it is to be lower than the obstructive exudate. 4. The recumbent position of the patient with the neck raised and somewhat extended, offers the easiest posture for operating. 5. An anesthetic is most desirable, and preference should be given to chloroform on account of its less irritating properties.

Being an advocate of an early operation in croup, and the condition of the patient in the first stages being favorable for the use of an anesthetic, this is readily administered, and but a small quantity is required to produce unconsciousness, which state should be just reached; for if reflex action is wholly abolished the surgeon loses the valuable aid of cough in notifying him of blood passing into the trachea, and in expelling it therefrom. In a word, an obtunding of the cutaneous sensibility is all that is required.

Ergot in the Paralysis of Lead Poisoning.—According to Dr. J. A. Stites it may be safely estimated that fifty per cent of the physician's practice in the State of Nevada consists of cases of lead poisoning, the symptoms being in most instances well marked, while in the remainder they are more or less masked. Of the remaining fifty per cent of practice the bulk is furnished by accidents and syphilis. The occupation of the male population is mining in silver-ore, which is largely associated with lead. Wristdrop is a very frequent symptom, and paralysis of other forms, even hemiplegia and paraplegia, is not an infrequent complication. In the milder manifestation of these symptoms a cathartic of sulphate of magnesia, followed by iodide of potassium, usually removes them in a few days, enabling the sufferer to resume his work. The habits of the miner render him peculiarly susceptible to attack, and Dr. Stites has found that when his patients abstain from alcoholic stimulants, keep their bowels open, and preserve their appetite by proper living they are much less apt to suffer from lead poisoning.

In hemiplegia and paraplegia due to lead poisoning Dr. Stites has found ergot in combination with iodide of potassium and nux vomica to expedite recovery. He has tested its efficacy by comparison in the hospital with which he is connected, adopting three varieties of treatment: (1) iodide of potassium

alone; (2) electricity with tonics and nux vomica; (3) iodide of potassium and ergot. The latter plan has been attended with the most satisfactory results. The following is his standard prescription:

℞ Potassii iodidi.....	℥ ij;	8.00 Gm.;
Ext. ergotæ fluidi.....	℥ j;	30.00 fl.Gm.;
Ext. nucis vomicæ fluidi,	℥ j;	4.00 fl.Gm.;
Tinct. cardamomi co.....	℥ j;	30.00 fl.Gm.;
Syrupi, q. s. ad.....	℥ iv;	120.00 fl.Gm.

M. Sig. A tablespoonful night and morning.

Usually in a month the power has been restored to the paralyzed parts. Under other forms of treatment recovery does not usually come under three months. The efficacy of ergot is attributed to the well-known physiological action of ergot on the non-striated muscular fiber. The dangers which were formerly supposed to be attendant on the prolonged employment of ergot, such as gangrene, etc., are certainly not to be apprehended, according to the author, in the therapeutic employment of the drug.—*Therap. Gazette.*

Syphilis Treated by Injections of Perchloride of Mercury.—This method was adopted in two well-marked cases of secondary syphilis in females. In both there were condylomata, and in one iritis. The injections at first consisted of solutions of the perchloride in glycerin and water. A grain was dissolved in one hundred minims of glycerin and water mixed in equal proportions, and of this from four to seven minims were injected twice daily. This method was, however, found to be unsatisfactory, for it caused on application considerable pain, and was succeeded by an erythematous blush, upon which developed a pustular sore. A much better vehicle for the administration of the mercury consisted in dissolving two grains of the perchloride in sixty minims of water. To this solution was added forty minims of a filtered mixture of one part of white of egg and two of water. The albuminate of mercury thus formed was rendered soluble by the addition of a small quantity of a saturated solution of chloride of sodium. Of this three minims were injected twice daily. Little or no pain was experienced by this method, and no sores followed. After a continuance of seventeen days the eruption disappeared without any salivation or other digestive derangement. A mixture of iodide of potassium was subsequently ordered, and there was no reappearance of the eruption in either case nine months after the patients had left the hospital.—*Matthew Charteris, M.D., Prof. of Therapeutics, University of Glasgow, in London Lancet.*

Nutrient Enemata in Gastric Ulcer.—This affection is not infrequent among servant-girls and mill-workers in Glasgow, the symptoms on admission as a rule being failing health, great debility, and vomiting of food, with pain in the epigastric region. The food taken is generally vomited after it has remained half an hour in the stomach, and there is a history of hematemesis. The bowels are usually constipated.

After a day's rest, and a thorough diagnosis has been made, nutrient enemata seem most advisable, and are now usually prescribed by me. For this purpose the nurse is ordered to place one pound of beef, cut small, in a jelly-can and then allow it to simmer in a saucepan filled with boiling water for two or three hours. This extract is then mixed with a pint of water, and one half is injected in the morning and the other in the evening. These enemeta are continued for seven, eight, or nine days, the only thing administered by the mouth being a little ice occasionally, and for the last three days of the treatment this is combined with champagne, a pint lasting two days. There is then a cautious return to food, beginning with barley-water and milk. In the course of from fourteen to twenty-one days the patients are convalescent, and are allowed to go about and partake of the usual hospital diet. Five grains of nitrite of bismuth are usually given them thrice daily. I consider this plan of treatment infinitely superior to any other I have tried, and it seems to promote cicatrization of the ulcer, and causes no undue irritation of the affected spot.—*Ibid.*

Hypodermic Injection of Quinine.—For injection the following solution was made: Thirty grains of sulphate of quinia, fifteen grains of tartaric acid, and half an ounce of water. Twenty minims of this were injected every two hours in a case of intermittent fever. The patient had been resident for some years in the West Indies, and when there several times had ague. He stated that he knew when it was going to recur since he returned to this country, and that he had been ordered to take quinine. This, however, always occasioned vomiting, and he was obliged to desist and endure the fever, which lasted forty-eight hours. The injection which was given caused no pain, and it was followed by no abscesses. It seemed to have the effect of warding off the attack, according to the man's statement. On several occasions this method of administering quinine has been tried. I can testify as to the pain being *nil*, and to the absence of any inflammation. Dissolved in any other acid quinine is a painful and troublesome agent, and its use can not be recommended. In cases of typhoid fever I would not hesitate to use it hypodermically, and should imagine that good results would ensue, both in reducing the temperature and in preventing any derangement of the digestive organs apt to be induced by large doses administered by the mouth.—*Ibid.*

Chorea Treated by Arsenical Solution.—The worst case of chorea I have seen occurred during last winter. The patient, a girl aged twelve, was suffering from rheumatism, and she was taken into a house adjacent to her mother's to see a woman who had died. The same night involuntary twitchings of her body were observed, and these increased in severity to such an extent that three days afterward, on her admission to the hospital, she was unable to remain quiet for even a few seconds. It required three nurses to take off her clothes, so frequent and so violent were the movements. When placed in bed she rolled about from side to side, and required continuous and careful attention. On attempting to give her liquid food it was ejected by the constant motion of the tongue; and only at intervals when the movements were less pronounced was any retained, and that was effected simply by watching an opportunity and pouring the contents of a spoon into the mouth. She was utterly unable to walk or stand. A cardiac murmur was heard after the first sound of the heart. Arsenical solution was given at first in three minims and latterly in seven minims daily. In the course of a week improvement was manifested, and when the constitutional symptoms of the drug three weeks afterward showed themselves the convulsions ceased entirely. The murmur remained.—*Ibid.*

Conium Baths in Eczema.—Two cases were treated by these baths, and the results were found to be excellent. In the first case—a young man aged twenty—the complaint had lasted for eight months, and the legs and arms were covered with a leeting angry red eczematous rash. The itching was intense, and various local applications which were used failed in any way to relieve this. A month after admission two handfuls of conium leaves were placed in a tepid bath and the patient was ordered to lie in this for twenty minutes. The result was satisfactory. That night patient slept well. The baths were continued for a week, and at the expiration of that time scales began to form, and the itching entirely disappeared. In another week he was dismissed with his skin whole.

In the second the eczema was of three weeks' duration. The redness on arms and legs was very marked, and the itching was described by the patient as being intolerable. He was immediately ordered a bath similar to the one previously mentioned, and the same relief was experienced. It was continued for a week, and the man was dismissed completely recovered in fourteen days. He complained on one or two occasions of a numb feeling followed by tingling after having used the baths. In giving the conium baths it is advisable to cover the bath with oiled silk, leaving the head bare. In this way there is no chance of headache from the inhalation of the conium vapor.—*Ibid.*

Quinine as a Preventive of Sunstroke.—Says an English surgeon: For seven years of residence in Central China, upon the banks of the Yang-tse-Kiang, which annually overflows its banks, I found nothing so protective against sunstroke as ten grains of sulphate of quinine suspended in a wineglassful of sherry, and taken before going out at midday when required to brave the sun-heat, which is oftener above than below Calcutta temperature. I have tried this plan in so many cases that I feel certain that quinine is as prophylactic against sunstroke as against malarial fever. It was while endeavoring to neutralize the miasma which causes the latter that I noticed how completely I felt braced against the effects of the sun-heat. I should be inclined to dissolve the quinine in hydrobromic acid instead of mixing it with the sherry.

Atropine, Duboisine, and Homatropine.—The application of these three agents has been stated by Dr. H. Schäfer (Archives of Ophthalmology). Where it is desired to secure simply dilatation of the pupil for the purpose of examining the fundus or to paralyze the accommodation for the certain determination of the state of refraction, homatropine is to be preferred decidedly to the other two drugs. If, on the other hand, a therapeutical effect is desired, homatropine is to be set aside on account of its insufficient and too restricted effect, and the application of atropine and duboisine can alone enter into consideration. As regards this therapeutical application, after preceding employment of atropine for some length of time in cases where it had been used with but partial success for the dilatation of the pupil in iritic conditions with and without extensive synechiæ, doboisine was likewise employed for a protracted period. In this way it was shown that although duboisine momentarily exhibited a more intense effect, yet, as may be expected from the above-described experiments, it also declined in its action more quickly than atropine. Synechiæ which had resisted atropine could be resolved by duboisine only four times in ten cases, and even then not completely. Conjunctival and ciliary injection diminished more rapidly under the employment of duboisine than under that of atropine. Duboisine, even in greater concentration, never causes irritation of the bulbar conjunctiva, which is sometimes the case with atropine; nay, more, in cases in which an acute atropine in conjunctivitis had set in, the symptoms of irritation rapidly improved when duboisine was employed in place of the atropine.—*Detroit Lancet.*

Caffein and Theine for the Vertigo of Bright's Disease.—Says Dr. Robert Saundby, in British Med. Journal: Even where we can not hope to effect a cure of the disease itself, it is often of the greatest moment to be able to relieve a symptom which is rendering life worthless. Vertigo is not a very common symptom in chronic Bright's disease; but though it does not receive much attention from text-book writers, when it is present it is a very serious matter to the sufferer and often assumes a preëminent position in his own account of himself. After trying various remedies I have found the greatest benefit from caffein or theine in doses of one, two, or three grains in pill three times a day. The following cases are examples: S. K., aged sixty-nine, complained of severe giddiness, but proved to be the subject of a typical case of granular kidney; after taking without benefit chloride of ammonium, iodide and bromide of potassium he was entirely relieved by caffein in grain doses three times a day. J. W., aged sixty-three, complained of giddiness, pain in the head, and loss of memory. The ophthalmoscopic signs were negative. The urine was of specific gravity 1.001; it contained a trace of albumen. She had frequent nocturnal micturition. She was ordered at first chloride of ammonium and digitalis; then theine in doses gradually rising to three grains three times a day, when the vertigo was completely cured. I have notes before me of two other cases equally satisfactory.

On Influence of Hydrochlorate of Quinine on Malarial Germs.—Dr. Ceci, of Cerino, gives an account of experimental researches made in the laboratory of Prof. Kelbs, of Prague, on the influence exerted by quinine-hydrochlorate on the development of germs contained in malarial soils. A cultivation-liquid of a five-per-cent solution of isinglass was employed, infected from different sources, and in every case it was found that the presence of very minute proportions of this salt exercised a remarkable power in preventing or checking the development of the *schizomycetes*. One part in eight hundred was sufficient to prevent any development of germs. The *bacilli malariæ* made their appearance very seldom in the cultivation-liquids, even when the proportion of quinine was very insignificant.—*British Medical Journal.*

Treatment of Tympanitis.—Tympanitis is a complication of typhoid fever and enteritis, which merits to be treated with care. The late Maurice Reynard prescribed with great success the following: Nux vomica in powder, six grains; aniseed in powder, three grains. Mix and divide in two powders, one to be taken in the morning, the other in the evening. M. Reynard also ordered two tablespoonfuls of powdered charcoal in the course of the day. —*Med. Press and Circular.*

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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

TO THE PERSON RECEIVING THIS COPY AS A SPECIMEN.

The NEWS enters its seventh year January 1, 1882. Its support is assured; its character as a live, accurate, and newsy medical journal well established. Your attention is solicited to the unusual excellence of its paper, type, and press-work. Items, reports of cases and of transactions of local societies will be gratefully received. Your subscription is invited.

BENEFITS OF CEREBRAL LOCALIZATION.

Among the notable watchwords uttered at the late Medical Congress was one pronounced by Virchow, who, whether in the forum or at the lecturer's desk, never speaks in vain. Said he, "Localization is the principle of modern medicine." After the Congress, which so emphatically declared itself upon the side of experimental physiological research, had adjourned, a band of sentimentalists, who believe that it is better not to extend the limits of knowledge or to add to the resources of the physician than that a cat should suffer, arraigned Prof. Ferrier under the "anti-vivisection" act. The immediate result of the proceedings before the police-court was a dismissal of the summons; a remote result will probably be a closely-knit organization of the physicians and men of science, who have already expressed their sympathy with Prof. Ferrier under this vexatious suit, and who are determined to answer, publicly and privately, the challenge thrown down, until the work-a-day world shall fully appreciate the beneficent labors of the "vivisectors" of the brain.

It is only a few years since these labors began, and today not a text-book upon the practice of medicine is considered complete without Ferrier's diagram of the cerebral convolutions showing the areas on the cortex which are considered the psycho-motor centers for particular groups of muscles. It has been definitely learned chiefly through his work in the laboratory that the parietal region of the cortex contains most of the motor centers grouped about the fissure of Rolando; that the centers for the special senses reside in well-marked regions on the temporal and inferior aspects; that the corpora quadregimina, besides their optic relations, are concerned, like the cerebellum, with the equilibrium of the body; that the cerebellum associates the ocular movements and coördinates the general muscular system in its proper balance. In brief, these are physiological doctrines confirmed by a prodigious collection of clinical and post-mortem evidence contributed to by Charcot and other eminent men in all parts of the world. Their importance to the physician becomes apparent from the following summary of the principles of diagnosis of paralysis due to destructive lesions of the cortex: "While we can not be quite certain of the position or extent of a sudden and complete hemiplegia, we may take a monoplegia of the leg, or of the arm and leg, as an indication of a lesion of the upper extremity of the ascending convolutions close to the longitudinal fissure; brachial monoplegia as a sign of a lesion in the upper part of the ascending frontal convolution, or, if the paralysis affect the hand more particularly, of the ascending parietal convolu-

tion; brachio-facial monoplegia as indicating a lesion of the mid-fronto-parietal region, while facial and lingual monoplegia, or this combined with aphasia, indicates a lesion of the lower part of the ascending frontal convolution where the third frontal joins it."

Attempts to utilize these researches by trephining have had variable results. The dangers of meningitis, encephalitis, and septicemia, once deemed formidable objections to trephining, have time and again proved to be under the control of antiseptic surgery rigorously applied.

Broca, Lucas-Championnière, and others have expressed their confidence in localization as a surgical aid, and give the surface-marks for striking the fissure of Rolando, the deep obliquely vertical groove about which the motor centers cluster. Symptoms of abscess or tumor, accompanied by paralysis or convulsion, pointing to particular convolutions in this neighborhood as the seat of irritation or pressure, may not hereafter be considered as hopeless as formerly.

In a recent number of the London Lancet Dr. Macewen reported a case of cerebral tumor the locality of which was determined by Ferrier's principles. The removal was accomplished with antiseptic precautions, and the patient recovered. He relates also a case of abscess of the cortex cerebri, the position of which he defined by the symptoms. The patient declined his offer to trephine during life, but after death he performed the operation proposed with complete vindication of his diagnosis and of Ferrier's method.

A man made aphasic by a blow upon the left side of his head came under the care of Dr. Hammond, of New York. A diagnosis was made of fracture of the internal table pressing upon the center of language in the posterior part of the third frontal convolution. Dr. Sayre trephined at the spot indicated and removed a splinter of bone, and when the patient recovered consciousness his speech was perfect.

In the British Medical Journal, November 19th, may be found recounted the history of similar cases. One was that of a child, two and a half years old, who had a fall on the left side of the head, was seized a week later with vomiting, pain in the head, right hemiplegia, ptosis, and strabismus, then afterward with left facial paralysis and loss of consciousness. According to Ferrier, a certain spot was trephined, a piece of depressed bone removed, giving exit to a quantity of pus, consciousness and motor power of paralyzed limbs returned, and the child eventually recovered.

Another child, seven years of age, was struck by a poker without abrasion. A year after a fit occurred and returned daily for seven years, occasionally there were twenty or thirty a day. Dr. Ferrier found tenderness in the right parietal region, loss of power in the left hand, and indistinct articulation of speech. The child was trephined at the point indicated by Dr. Ferrier. For eight weeks there were no fits, and though they returned at long intervals their severity was much diminished.

Cases of traumatic epilepsy to the number of one hundred and sixty-five have been collected by Echeverria; of these sixty-four per cent were cured by trephining at the site to which cerebral localization pointed.

The British Medical Journal quotes from the Glasgow Medical Journal a case of right hemiplegia and convulsion due to tumor of the dura mater, diagnosed by this means, cured by operation; also from *Brain* a case of left hemiplegia due to an abscess, which was emptied by trephining over the designated spot, the patient recovering.

These are only a part of the list of cases which might be advanced to show how closely results of great beneficence follow on the heels of laboratory experiment when conducted by genius seeking knowledge for its own sake.

THE legal prosecution of Dr. Ferrier was marked by a mistimed as well as undeserved personal abuse, to which a partial offset came in the prompt support given by the British Medical Association to this member, whom all should delight to honor.

Original.

INTESTINAL OBSTRUCTION RELIEVED BY INVERSION OF THE BODY AND INJECTIONS OF WARM WATER.

BY M. E. POYNTER, M.D.

Early in July, 1881, Mike Collins, section-boss on the L., C. & L. R. R., was suffering for several days from acute dysentery, which yielded to the ordinary treatment in a few days. He had as many as fifteen to twenty discharges in the twenty-four hours, mainly bloody mucus, attended with great pain and tenesmus. The weather was insufferably hot, and after being housed for about a week, his dysentery having disappeared, he attempted to resume the superintendency of his work, which was the laying of steel rails along his section of the road.

The first morning he resumed work he says he felt as well as he ever had, with the exception of some feebleness resulting from his attack of flux. After reaching the point on the road where work was to begin he felt a desire to evacuate his bowels. Having just eaten breakfast, and stepping to a favorable spot, he made the attempt, but to his surprise without result. Feeling no relief, in a few minutes he was forced to repeat the attempt, but with similar failure. More and more the desire manifested itself; and he asserts that twenty times within an hour he felt obliged by the urgency of the desire to defecate to make the attempt, and of course strained every muscle directly concerned in or in any way an auxiliary to the accomplishment of the one object. Yet with all this effort he got no relief; rather the more he tried the more intense was the desire.

This was the history given me upon visiting him at about nine o'clock in the morning, when I found him half recumbent, with no pain when lying still, but quick, nervous pulse, profuse perspiration, and every two or three minutes (against my earnest protest) getting up to stool and going through the process of straining until indeed his condition became pitiable. His countenance was most anxious, and, saying that he believed he should die, asked permission to send for his spiritual adviser.

I neglected to state that he was probably forty-five years of age, a very short, heavy-set, "fat" man, and had previously always enjoyed good health.

My diagnosis—obstruction of the bowels—was easily reached, but brought little light with it. Was it hernia in one of its various forms, or intussusception, or something else? At what point would hernia be most likely found, or, if the bowel was invaginated, in what situation and how could it be reached? These were the practical questions rapidly revolving in my mind, and requiring as rapid answers.

In the first place, I gave him half a grain of morphia sulphate hypodermically to stop the urgency of his appeals to go to stool.

Upon careful examination I could find no trace of hernia nor locate the point of obstruction beyond the surmise that it was in the rectal region, the patient himself referred all his symptoms to that point and insisted that it was beyond relief. Hurriedly dispatching a messenger to the nearest drug-store for chloroform and a Davidson syringe, I at once had a large tub of very warm water brought in and had him seated in it. In this position, with the water up to the waist, and assistants to splash his body thoroughly and constantly for nearly half an hour, I felt quite disappointed that he found no relief. He continued after getting out of the water to insist upon going to stool every few moments.

In less than an hour after inserting the morphia the man returned with chloroform and the syringe, and placing the patient on his knees with face resting upon the floor I attempted to inject the rectum with warm water, but to my surprise after a few ounces were thrown in the water returned in a sharp stream beside the pipe. Oiling my finger I explored the rectum, found it free of fecal matter, but as high up as the finger would reach detected a blind pouch or cul-de-sac, beyond which no opening or passage was apparent. Whether this was an invaginated part of the colon descended to this point, or a knot of small intestine lodged in the pouch of Douglass, it was impossible to determine.

In this doubtful state of mind it occurred to me to try a remedy that suggested itself to me suddenly, and calling stout men to assist me, asked them to seize his feet and *stand him on his head*, explaining to him in the meantime the object of the procedure. With his head and hands resting on the floor and his body inverted perpendicularly by the men, his legs held well apart, I took the syringe and basin of water and proceeded to pump him full. The first and second bulbfuls met some obstruction and partly regurgitated, but by firmly and slowly persisting I felt the obstruction give way and the whole

basinful was passed in without further hindrance. The patient himself recognized the moment of relief and announced that he was "all right."

Soon after letting him down he passed the water from the bowel without further difficulty, and with it a natural fecal discharge. The cure was accomplished and required no further treatment, and in a couple of days he resumed his occupation, and has since had no reminder of it.

Remarks.—"Obstruction of the bowels" enables you to have at hand a diagnosis; but having that, how near are you to a solution of the difficulty? In the haste and urgency of symptoms such as a case like this brings, conclusions of a widely divergent character may be easily reached. The suddenness of the attack, preceded by no antecedent warnings, however, might justify the elimination of all other causes than either hernia or invagination of the bowel. But when you have gotten thus far you are yet wide of accurate knowledge, for if you find no knuckle of intestine engaging in any of the abdominal openings, yet omental adhesions and other complications are protean in form, and if intussesception be suspected, where is it situated?

Before inflammatory action has set in it would be next to impossible to determine. In either event, however, the treatment adopted would be equally adapted to the relief of the symptoms.

From all the circumstances I am inclined to believe the trouble was prolapse of the small intestine into the pouch of Douglass. If the attack had occurred during the illness from dysentery, ten days before, and while suffering from great tenesmus, the idea of invagination of the colon into the sigmoid flexure might have been accepted; but coming unheralded, and being so low that the mass could be approached by the finger in the rectum, and the perfect and immediate relief from the means employed, all lead me to the position here mentioned.

In regard to the method used I may indicate my ignorance of the literature of the subject, but have no recollection of ever having seen "my method" suggested by any writer. I am aware that the "knee-elbow" position has been suggested *in hernia*, and injections in invaginations; also that it has been suggested to stand the patient on his head in hernia, but that position *together with the enema* for the relief of obstruction of the bowels was to me original at any rate.

MIDWAY, KY.

Correspondence.

Editors Louisville Medical News:

You will recollect that I passed through your city on the 1st of this month, and called on you at the University, and promised to drop you an item occasionally for the NEWS.

I met with no mishap on my way here except missing connection of trains at Cincinnati, where I was delayed some sixteen hours. While waiting I called at the Ohio Medical College and heard lectures from Prof. Hyndman on Chemistry, and Prof. Ransohoff on Anatomy. Prof. H. is well posted, but not a pleasant speaker on account of an impediment. Prof. R. is a fine talker and well versed in his branch. The college has a very respectable class.

Since my arrival here I have been a constant looker on at the Bellevue Hospital and College. As a general thing they have a corps of fine lecturers. Among the most fluent speakers may be mentioned Professors Flint, jr., Bryant, Welsh, Lusk, Doremus, Dennis, Sayre, Janeway, etc. Some of the others speak in too low a tone to be understood at a distance. Far as I have heard, they are all well posted men in their various branches. I have not had an opportunity yet to hear all the faculty, but so far am highly pleased.

Prof. Flint, jr., is one of the finest lecturers I ever heard. He reminds me of your professor of the same branch, who, you know, is regarded as the Cicero of the profession. Of course I allude to Prof. Palmer.

As far as surgery is concerned, I have seen no one handle the knife better than our friend Prof. D. W. Yandell.

I have visited the charity of Blackwell's Island, and attended the clinic of Prof. Keyes, of Bellevue. He exhibited several cases of syphilis in the second stage. They were samples of erythema and papulæ.

Prof. Sayre confines his clinics mostly to diseased joints and spinal troubles. He has brought before the class several cases of hip-, knee-, and ankle-disease, which he treats with apparatus by which pressure is removed so as to allow the patients to take exercise and at the same time get well. This of course is effected by extension and counter-extension. He also had before us a case of dorsal curvature in its forming stage. This was a child of two years of age and quite delicate. It had been under treatment some time, but was now well except a very slight deformity.

It could walk very well. This result was of course effected by the use of the plaster jacket with the jury mast attached. The secret of cure in these cases consists in removing the super-incumbent weight off the diseased part and placing it on the hips. In speaking of the application of this apparatus the professor animadverted very indignantly on an article in a recent number of the British Medical Journal, by Dr. Howard March, assistant to Sir James Paget, of St. Bartholomew Hospital, in which he asserts that the plaster jacket can not be applied so as to do any good to a child under seven years old in spinal curvature, on account of the small size of the hips. This theory Dr. S. completely refuted by presenting the case above alluded to, and maintained that facts upset theory. Dr. S., in lecturing on the causes of hip-joint disease, contended that it was always the result of direct local injury. In alluding to the standard view, that it had for its prime cause the scrofulous diathesis, he deemed that such a theory was not only erroneous, but in a large majority of instances a mere myth. He regards the low state of health so frequently seen in such patients as being due in a large measure to bad diet, impure air, and unhealthy surroundings generally. His treatment consists mainly in removing pressure from the joint, and in tonics, and good nourishing diet. In order to accomplish the first indication, he applies a hip- and thigh-apparatus, by which extension and counter-extension are maintained, by which the joint is relieved from pressure and the patient rendered comfortable. If the patient has sufficient strength he is allowed to take exercise on foot, which does not interfere in the process of cure. The apparatus is so constructed with ball and socket-joint at the hip as to permit the motion of foot exercise, and at the same time avoid pressure. The professor spoke of Dr. Agnew's statement, that it was impossible to construct any apparatus by which extension and counter-extension could be applied so as to relieve the hip joint from pressure. This he was of course able not only to contradict but to demonstrate positively to the contrary. He seemed to think the Philadelphians deficient in mechanical genius.

T. B. G., M.D.

New York, December 14, 1881.

A Death from the local use of pyrogallic acid in general psoriasis (a ten-per-cent ointment) is reported from Breslau.

Medical Societies.

PARALYSIS OF MALARIAL ORIGIN.

NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, December 6, 1881.

The paper of the evening was read by V. P. Gibney, it being entitled Intermittent Spinal Paralysis of Malarial Origin. Dr. Gibney proceeded at once to relate the histories of certain cases, showing, as he thought, this form of disease. Case I was that of a boy seven years of age. He was one of three children, the others being healthy; father intemperate, mother nervous. Family lived in a very malarious neighborhood. In September, 1878, he had a high fever, with delirium at night, and suffered from pains in the limbs and hyperesthesia of the surface. This continued for a week. He took much quinine. He improved, then got worse again; was finally left with paralysis of the four extremities not quite complete. There was some faradic reaction. Diagnosis, myelitis of anterior horns. He was admitted to the hospital later. He then showed marked genu valgum; walked with difficulty, and legs far apart. Diminution in power of some of the muscles; relaxation of posterior ligaments of knee; knee phenomena normal; tendo Achilles tense. Treatment, electrical and mechanical; no medicines given. Gradual improvement took place—so much indeed as to cast doubt over the diagnosis of spinal paralysis from a pathological standpoint. The boy left the hospital cured. He returned later with nearly the same history as before, but the attack this time was less severe. He had been living in a malarious locality. Ordered quinine and faradism. Under this he was completely restored again. He returned to the malarious locality. After a time he began to have chills; was improved by quinine, but finally was brought to the hospital in June, 1880, for a third time, severely paralyzed. He suffered much from pains in the limbs and he had a fever. The fever gradually disappeared; the electrical reactions were very feeble; the patient gradually improved, and became able to walk about; electrical reactions also became stronger. By August he was nearly well. In October he was worse again; his limbs became paretic; he was unable to walk; improvement soon after set in.

Dr. Gibney here referred to the fact that intermittent spinal paralysis was very rare indeed. A case was reported in 1857, by Macario, of a woman who was attacked with paralysis of the extremities and tongue, two days after confinement. These symptoms were repeated in a quotidian type for three days, and were cured by quinine. Two other cases are quoted by Erb. One, reported by Hartwig, was that of a vigorous laborer, aged twenty-three, who had had tertian ague for five weeks, five years before. Since then he had been well. He was gradually attacked with paralysis, and in four days all his extremities, as well as the trunk and neck, were paralyzed; sensibility was intact; this lasted twenty-four hours; it then terminated, the patient perspiring freely. For twenty-four hours patient was well; then symptoms all returned. For over seven months intermissions or remissions of health, or improvement, alternated with paralysis. Quinine and arsenic lengthened the intervals of health sometimes to four days or more. After seven months no radical improvement was present, and the termination of the case is not known.

A case of intermittent tetany is reported by Dr. Wilkes. The literature of malarial poisoning is full of neuroses. Trousseau thought that very nearly all the symptoms in masked malaria could be explained by referring them to the effect of the poison on the nervous system. The speaker thought it not difficult, therefore, to suppose that malarial poison might cause an anterior poliomyelitis. In such cases the anatomical diagnosis is the same as in ordinary spinal paralysis; but, pathologically, there is a different condition, and the prognosis differs materially.

In Dr. Gibney's case the first attack occurred in September, 1878, six days after an attack of intermittent fever. Partial recovery took place. In September a second attack occurred, from which recovery was not complete till the next January. Quinine was not given. The third attack occurred five weeks after the cure of the second. Recovery took place in three weeks. The fourth attack occurred four months after recovery from third. In six months he was discharged perfectly well. Six months later he had a fifth attack coming on gradually with pains in the limbs. Improvement was slow, and now, after four months, he is not yet cured.

Case II was that of a boy aged six. He was admitted to the hospital with paralysis of the legs and hyperesthesia. Electrical reactions good, but not vigorous. No real atrophy. Two years before he had lived in a malarious locality, and was taken suddenly ill with fever and pains in the limbs; was sick for six weeks, his limbs becoming paralyzed. He recovered in a few weeks. In April, 1880, he had a second attack, which began with *malaise*. He gradually lost power in his limbs. Being brought to the hospital, he slowly improved. September 24th he was discharged cured. The next spring he was taken again with paralysis in all four extremities. Two weeks later he had convulsions. He died finally of exhaustion. He did not have tuberculosis. No autopsy was made.

Dr. Gibney, in commenting upon the preceding cases, said that he thought that pathologically there must be some difference between them and those of ordinary spinal paralysis. In studying them he had been struck with the symmetrical development of the symptoms which occurred in all cases. In no instance had he found the typical degenerative reaction. Dr. Seguin had said if cases of infantile spinal paralysis did not recover in two or three months, there was very little hope for them. Dr. Gibney could not recall a single case in which complete recovery had taken place. He was inclined to believe that simple active, followed by passive hyperemia, occurred in the cases of intermittent spinal paralysis. Such a condition of congestion might vary under the action of the malarial poisoning, just as was the case with the spleen. The theory of a multiple neuritis might be entertained.

Dr. M. Putnam-Jacobi, being called on to open the discussion, said that she had seen Dr. Gibney's first case. She was puzzled by it then, but felt even more so since hearing the history just given. When she first saw the case she was struck with the fact that the child complained of pain all the time, and it was pain which made him object to walking more than his muscular inability to walk. He did not complain of pain upon firm rubbing, but upon slight touches. Her first thought was of hysterical paralysis or partial paralysis. Only the electrical reactions could not be obtained or were not good in some muscles. Comparing this case with two of those cited by Erb, there seemed to the speaker to be a marked difference between them. In the latter the paralysis was very temporary and of a quotidian type. Quinine promptly cured the attacks. Romberg refers to the sudden appearance of paraplegia in cases of pernicious malarial fever. In Dr. Gibney's case (1) the paralysis did not come on suddenly; (2) it lasted for some time and did not intermit as in intermittent fever; (3) it did not terminate in sweating; (4) there were marked sensory disturbances; and (5) the paralysis was not complete; in all those respects differing from the cases quoted by Erb. In Macario's case the paralysis was not referred by that author to malaria, but was thought to be an idiopathic form, distinct from the hysterical. There is one form of paralysis to which Dr. Gibney's case might be referred, and that is the rheumatic. This is a most common form of functional paralysis. The point against such a diagnosis was the electrical reactions, which were not those of a functional paralysis.

Dr. E. C. Seguin said that Dr. Gibney's last case was so different from the first that it might be referred to a different cause, perhaps that of a diffuse neuritis. The speaker then enlarged upon the extreme rarity of cases of paralysis from malarial causes. In many extensive treatises the disease is not mentioned, or, as in Niemeyer, is barely referred to. Neither Erb nor Hertz (in Ziemssen) report any cases of their own. Nash and Leyden report cases. Macario stole his case from another author. The speaker was inclined to take the same view as Dr. Jacobi regarding Dr. Gibney's case. It seemed to be one of a relapsing rather than intermittent character. In these cases it would be nearer the truth to say that malaria caused the fever, and the fever the paralysis.

Dr. Seguin then read a case of his own: The patient, a man fifty-five years of age, had passed through a period of overwork and anxiety. He had had no distinct ague. He complained of headache, numbness of the right arm and leg, and more or less of the whole right side of the body. He did not seem very ill. Was of full habit. A prescription was given. He returned in two weeks saying that he was better, but still had headache, with numbness and a jaded feeling in right side every other day. Quinine was given and recovery took place within fourteen days. He thought the case might be termed one of intermitent post-malarial hemi-numbness.

Dr. A. D. Rockwell related the history of a man of middle age who suffered from an intermittent hemiplegia. He was first taken suddenly with complete right hemiplegia; articulation imperfect, mind clear. He recovered in a few months. He was then taken with a second attack, not so severe as the first. He could walk a little. After this he was taken every other day in the same manner for three or four weeks. The paroxysms then changed in character. After some variations in his condition, the hemiplegia became complete, more serious symptoms set in, and he soon died. Post-mortem showed some organized lymph upon the pia mater of the brain; choroid plexus enlarged and cystic; considerable serous effusion at base of the brain; liver fatty; also the mitral valves. No rupture of arteries and no embolism or thrombus in the brain. A diagnosis of the old-fashioned kind would be serous apoplexy. Dr. Rockwell thought it plausible to suppose that there was an intermittent spasm of the cerebral vessels, which might account for the paralyses.

Quinine was given on account of the interm ttent character of the attacks. Electricity was also used. As regards malarial paraplegia, he had seen two unmistakable cases.

Dr. L. C. Gray dwelt upon the fact that Dr. Gibney's case was more of a relapsing than intermittent type. If a case did not have any characters of periodicity it was hardly right to say it was malarial. The speaker had never seen a case of paralysis due to malaria, but he had seen cases which apparently had such an origin. The history of such a case was then related. Dr. Gray thought that in the next ten years the attempt would be made to show that malaria is a neurosis. Already several authors had shown a leaning in that direction.

Formulary.

ESERINE IN DIPHTHERITIC PARALYSIS OF THE CILIARY MUSCLES.

Dr. Theobald reports a case of paralysis of the ciliary muscles (paralysis of accommodation) following an attack of diphtheria in a boy. There was also loss of power in the faucial muscles, and speech was very indistinct. The ciliary paralysis was complete. He gave the patient strychnia in one-thirty-second-grain doses for a week with only slight improvement. He then in addition to the strychnia, the dose of which was gradually increased to one sixteenth of a grain, prescribed eserine locally (two grains to the ounce of water) twice a day for three days, then once a day for two days, making five days in all of treatment by this agent. The result was a prompt and complete restoration of accommodative power and the recovery of perfect vision, which has remained permanent. There has also been improvement in the other paralytic symptoms.—*Maryland Med. Journal.*

RESORCIN IN AURAL SURGERY.

Dr. Rossi, of Rome (Archives of Otology; Med. Press and Circular), has used resorcin in more than two hundred cases of purulent middle-ear inflammation, and claims that in his hands no remedy has given such substantial results in this obstinate affection. He employs the drug undiluted or prepared according to the following formula:

Resorcin..... 4 parts;
Water or alcohol..... 100 parts.

M. Make solution and inject.

He promises further record of results.

CYSTITIS.

In cases of cystitis dependent on calculus vesicæ (Med. Press and Circ.), the urine being strongly alkaline, with ammoniacal odor, deep scarlet color, and showing a sediment of ropy mucus, pus, and broken-down blood-corpuscles, Mr. Parke recommends the following:

℞ Acid. nit., dil..... ♏ x; 0.66 fl.Gm.;
Ext. belladon..... gr. ¼; 0.13 Gm.;
Ext. hyoscyam..... gr. v; 0.30 Gm.;
Infus. buchu..... ℥ ss; 15.00 Gm.

M. Make one draught. Sig. Take, freely diluted, three times a day.

Books and Pamphlets.

An Address to the Legislature of South Carolina on the Sanitary Needs of the State. What a State Board of Health can Accomplish. By a Special Committee of the Medical Association of South Carolina, through the Executive Committee of the State Board of Health, October, 1881. By F. Peyre Porcher, M.D., of Charleston.

Aids to Diagnosis. Part III: What to Ask. By J. Milner Fothergill, M.D., F.R.C.P. New York: G. P. Putnam's Sons. 1881.

A little book of sixty-six pages containing pleasant discursive talk of an instructive character, addressed to students, on consultations, the sick-room, the out-patient, and general deportment.

The Student's Manual of Venereal Diseases. By Berkeley Hill and Arthur Cooper. Second edition. New York: Wm. Wood & Co. 1881.

Wonderful to relate, this concise summary by well-known writers, printed with excellent type and bound in paper, sells for ten cents. There can't be any profit to the publisher, although readers will gain greatly by it.

Indigestion and Biliousness (No. 4, Library of Medical Classics). By J. Milner Fothergill, M.D., Member of the Royal College of Physicians of London, Senior Assistant Physician to the City of London Hospital for Diseases of the Chest, etc. New York: Bermingham & Co., 1260 and 1262 Broadway. Price, 35 cents.

We have already given an extended notice of this work in an issue by another publisher. The cheapness of this one is the only noteworthy feature.

Miscellany.

Vaccination.—In concluding some remarks on animal vaccination and its general relations with vaccination and re-vaccination, Dr. E. Warlomont, Director of the State Vaccinal Institution at Brussels, says:

"When a child is brought back at the expiration of the first seven days, if it be re-vaccinated on the spot, even with its own vaccine lymph, it may be that there will be a fresh eruption, feeble for the most part, but occasionally showing all the signs of classic vaccinal pustule. What conclusion is to be drawn, if not that the first inoculation, insufficient to protect the subject against a second vaccinal impregnation, was *a fortiori* insufficient to guard it against variola? Hence the necessity of fresh insertions until the complete exhaustion of vaccinal receptivity. This is what I term *vaccinization.* Thus every child brought back at the end of eight days should be re-

vaccinated on the spot, even with its own vaccine, if it be in proper condition. If this second vaccination answer well, a third should be performed, and so on, till the patient be completely *vaccinized*.

"I have a decided conviction that if this practice were followed, if all children were *vaccinized*, the immunity from smallpox would be much greater than at the present time; and it is perhaps from my having constantly put it into practice that my successes have been so constant and the result of my vaccinations so thoroughly satisfactory.

"Such are the fresh considerations we have to weigh in favor of animal vaccination. It has been objected that Jenner's opinion was against it; but this argument has no weight with me. In matters of experimental science the predictions of the greatest geniuses only show the imprudence of those who express them. Facts have decided against the predictions expressed on this subject by the immortal discoverer of vaccination."—*British Med. Journal.*

Lycopodine.—While the phanerogams or flowering plants annually contribute to the list of newly-discovered alkaloids, with the exception of muscarine and amanitine, no alkaloid has as yet been definitely recognized among the cryptogams. Karl Bodeker, of Gottingen, has opened the road in this direction, and gives in a paper sent to Liebig's *Annalen der Chemie* the following account of an alkaloid which, from the name of the plant in which it occurs, he calls lycopodine. The plant yielding the alkaloid, *Lycopodium complanatum*, belongs to the group of angiospermous cryptogams. It is distinguished throughout the whole of north and middle Europe, and contains the largest proportion of aluminium of any known plant. Its bitter taste led the author to suspect an alkaloid in it. Lycopodine has a composition which may be represented by the formulæ $C_{32}H_{52}N_2O_3$. It melts at 114°-115° C. without loss of weight. It is tolerably soluble in water and in ether, and very soluble indeed in alcohol, chloroform, benzol, or amyl alcohol. Lycopodine has a very pure bitter taste. The author has formed several salts of the base, all of a crystalline nature, and containing water of crystallization. The hydrochlorate gives up a part of its water of crystallization at the ordinary temperature under a desiccator over sulphuric acid, and the whole of it upon heating.—*Oil and Drug News.*

Thapsia Plaster.—This plaster is made from the *Thapsia garganica*, which grows in abundance on the plateaus of Algeria, and since its introduction into therapeutics has rendered important service in the art of healing. It owes its irritating properties to a peculiar resin contained in its roots, rendering it a powerful derivative whose action on account of its form and consistence may be graduated at will and limited to the very spot on which the physician wishes to obtain the effect. This result is impossible with croton oil, which on account of its fluid state spreads and acts on a larger space than desirable. From the simplicity of its use it has gained much favor with the profession, and is used by many in preference to croton oil or tartar-emetic ointment, over which it has great advantages. Its revulsive action manifests itself by a miliary eruption more or less abundant according to the time it has been applied. When the eruption disappears in a few days the plaster may be re-applied, and thus a counter-irritation kept up for any desirable length of time. *Pacific Med. Journal.*

[We can confirm the above statements so far as the rubefacient properties are concerned. It is a valuable remedy when freshly prepared, but according to our experience old preparations are much less reliable.]

Hen-lice a Human Parasite.—Dr. Goldsmith, of Vermont, reports in the Medical Record a case which, although rare, is not without a parallel: A woman complained of an intense itching, caused, according to her statement, by insects crawling over her. After a profuse sweat a number of brownish insects emerged from the sweat-pores. These were found to be pigeon- or hen-lice (*Dermanyssus avium*). The use of diaphoretic sulphur, tar-water, mild solutions of corrosive sublimate, and the precautions usual in phthiriasis resulted in a cure. Similar cases have been reported by others.

Da Costa considers ergotin the best remedy for the night-sweats of phthisis—two grains three or four times a day. It is less prompt than atropia, but it is free from any unpleasant effects, which the other is not.—*Maryland Med. Journal.*

Macdonald (Edin. Med. Jour.) finds carbolic acid, in one-fourth to one-minim doses, to relieve the hoop, check the vomiting, and diminish the intensity and frequency of the paroxysms of hooping-cough in children.

WHAT COFFEE WILL DO.—Dr. Henry Segur thus enumerates the blessings which coffee can produce: It is a mental and bodily stimulant, assisting to convert the blood into nervous tissue, and thus recruit the nervous, moving, and thinking faculties. It lessens waste of tissue, and thus lessens the amount of food necessary to support the system. It will often cut short and cure attacks of intermittent fever. In typhus fever it increases the excretion of urea, and so far purifies the blood without increasing tissue metamorphosis. It tends to lessen coma and low delirium. It is a great reliance in yellow fever. It is useful in spasmodic asthma, in hooping-cough, and hysterics. It is a diuretic in cardiac dropsy. In opium poisoning its efficacy is well known. It relieves the sense of oppression and helps digestion after a hearty meal. It is a disinfectant and deodorizer. Habitual coffee-drinkers generally enjoy good health and live to a good old age.

THE LETHAL IFLUENÇES OF A "HEALTH-RESORT."—Lethal enough they often are, as many of our readers could bear witness. There are probably few members of our profession in middle-class practice who have not to treat each autumn several cases of zymotic disease contracted at the seaside. Hundreds of persons every year acquire, during their annual holiday, diseases which could with certainty be prevented by due attention to the sanitary arrangements in our hotels and lodging-houses, and many a gravestone at our fashionable watering-places marks the resting-place of one who, seeking health or pleasure, found disease and death. —*London Lancet.*

THE secretary of the California Board of Health writes to Health-commissioner Francis, of St. Louis, that a quarantine has been established on the Central Pacific Railroad against trains from Chicago. Smallpox has been introduced along that railroad in five counties of California, and in every case, the writer says, the disease can be traced to arrivals from Chicago. It is said that the smallpox is also quite prevalent in St. Louis, "but the authorities are keeping quiet upon the subject; in other words, they are lying about it."

MR. SPENCER WELLS has so far had good fortune with his patient whose cancerous pregnant uterus he extirpated by abdominal section on the 21st of October.

Selections.

On Beef Tea—Liebig's Extract—Extractum Carnis and Urine.—We find a short and interesting communication on this subject by Richard Neale, M.D., London, in the Practitioner:

In the Lancet for October, 1880, Mr. G. F. Masterman draws attention to the chemical analysis of beef tea, and shows that it is analogous to urine, excepting that contains less urea and uric acid. Some years ago Mr. Masterman also gave analyses in one of the medical journals, but which of them I can not learn, even from the author himself, showing that beef tea, most carefully prepared, does not contain, including alkaline salts, more than from 1.50 to 2.25 per cent of solid matters, and that such matter is composed mainly of urea, kreatine, kreatinine, isoline, and decomposed hematin, exactly the animal constituents of the urine, except that there is but a trace of urea.

Many writers have endeavored to impress the public and the profession with the true value of beef tea, viz. that it is not a nutrient but a stimulant, and that it mainly contains excrementitious materials. It appears, however, of little avail, for you constantly meet with those, even in the ranks of the profession, who believe beef tea to be really a powerful nutriment, while in most cases among the public your positive statement that in milk we possess a far cheaper and more powerful blood and flesh-making food than in beef tea is met with a skeptical stare. A short time since a consulting physician wrote in one of our periodicals how he was not infrequently called to cases where he found the patient literally starving to death in the midst of plenty. Wines and liquors of all choice brands covered the table, with beef tea, jellies and essence of meats in all their endless varieties, some of which, the consultant was told, were given every half hour, and that therefore the patient had been well kept up. By a speedy elearance of all but the brandy bottle, and with the addition of two or three pennyworth of milk, he had on several occasions rescued a young and valuable life from certain death.

The late Dr. Francis Sibson, in an admirable paper on Bright's disease and its treatment, published in the British Med. Journal, February, 1877, showed how detrimental beef tea may prove in some cases of Bright's disease, where the kidneys are already taxed to the utmost to throw off metamorphosed structures, and yet the metamorphosed structures of the muscles of the cow are superadded, for these very materials, had the animal lived, would have been passed away as urine. Frequently, too, beef tea is advised by practical physicians in diarrhea, dysentery, and during diarrhea of typhoid; certainly a large experience of tropical dysentery and diarrhea has taught the writer to look upon this fluid in the light of poison in such cases.

Dr. Lauder Brunton has some very able remarks upon the occasional injurious results of beef tea (*vide* Practitioner, November, 1880): "We find only too frequently that both doctors and patients think that the strength is sure to be kept up if a sufficient quantity of beef tea can only be got down; but this observation, I think, raises the question, whether beef tea may not very frequently be actually injurious, and whether the products of muscular waste, which constitute the chief portion of beef tea or beef essence,

may not under certain circumstances be actually poisonous. For although there can be no doubt that beef tea is in many cases a most useful stimulant, one which we find very hard indeed to do without, and which could hardly be replaced by any other, yet sometimes the administration of beef tea, like that of alcoholic stimulants, may be overdone, and the patient weakened instead of strengthened."

Many other writers who have from time to time endeavored to impress the profession with the true value that beef tea possesses as a stimulant, but not as a nutritive agent, may be referred to by the aid of the Medical Digest, secs. 124 and 125.

The non-nutritive, but valuable stimulating powers of beef tea, and its excellence as a vehicle for flesh-making food, such as bread, being fully conceded, it will be interesting to note some facts proving that similar properties have long been known as pertaining to urine. In South America urine is a common vehicle for medicine, and the urine of little boys is spoken of highly as a stimulant in malignant small-pox. Among the Chinese and Malays of Batavia urine is very freely used. One of the worst cases of epistaxis ceased after a pint of fresh urine was drunk, although it had for thirty-six hours or more resisted every form of European medicine. This was by no means an unusual result of the use of urine, as I was told by many of the natives. Hypodermic injections of secale were then unknown. As a stimulant and general pick-up I have often seen a glass of child's or young girl's urine tossed off with great gusto and apparent benefit. In some parts of our own country the use of urine as a medicinal agent is not unknown. The use of urate of ammonia and guano was noticed by Bauer in 1852, who found their external use of value in phthisis, lepra, morphea, and other obstinate skin-diseases. Dr. Hastings's report of the value of the excreta of reptiles in 1862 in the treatment of phthisis will also be fresh in the recollection of the older members of the profession. Possibly other observers may be able to add further to our information regarding the medicinal uses of urine both at home and abroad.

Opium-smoking as a Remedy.—In the Medical Record, November 5th, Dr. H. H. Kane says that smoking the drug has the following advantages over other methods of using it: 1. It takes longer to form the habit; 2. It works less harm when once formed; 3. It is easier to break; 4. A local as well as a general effect may be obtained. Says he further on:

It would be especially suited to that class of pulmonary affections where a topical as well as a general action was desired. In numerous experiments I have found it of the greatest benefit in the insomnia of phthisis due to a frequent, irritative cough; in spasmodic asthma; and the asthmatic symptoms of emphysema and chronic pneumonia. Not only does it check the cough, but it permits of sleep in the recumbent posture, a thing that before its use had, in some cases, been impossible for months.

Over the other methods of using the drug it has the advantage of requiring long smoking to form a habit, and the least physical harm when the habit is formed. In many cases of phthisis it would make but little difference whether a habit was formed or not, as the patient is certain to die, and nothing so thoroughly smooths the path to the grave as opium. In other cases its occasional use, especially if the patient did not know what he was smoking, would not produce any morbid craving for the drug.

The trial of the opium-pipe in the wards of one of our large hospitals would probably give some very decided results, not only in pulmonary, but in cardiac and other affections.

In catarrhal inflammation opium-smoking would be especially indicated, as it is a well-known fact among smokers that gleet, gonorrhea, leucorrhea, and nasal catarrh rapidly disappear in the smoker. Furthermore, this is about the only way of using opium alone that creates (to the novice) nausea, profuse perspiration, and decided relaxation, an effect that is but imperfectly reached by Dover's powder.

I know of one case of malarial neurosis of the heart that has been seen by Profs. Loomis, Clark, and Janeway, of this city, and Walsh of London, where the daily smoking of a few pipefuls of opium was the only way of using it that would control the palpitation and pain. Morphine and opium by the mouth or rectum produced constipation, loss of appetite, gloom, and despondency, all of which vanished after he abandoned them for the pipe.

There are those who will perhaps look upon the course I am taking in this matter as opposed to that which I have written before, and censure me for trying to introduce as a therapeutic measure a new plan of using a drug that already numbers its slaves by thousands. In anticipation of such censure I can only say that opium will be used in medicine as long as medicine is practiced, and if we can bring forward a manner of using the drug that shall offer the following advantages we are doing a real service to humanity: 1. Maximum result from a minimum amount; 2. Rapidity of action; 3. Advantages of local effect; 4. Least physical, mental, and moral ill effect from continued use; 5. Greatest difficulty in forming a habit when correctly used; 6. Comparative ease with which the habit is broken.

The rapid spread of the habitual use of morphia hypodermically has been due to the placing of syringes in the hands of patients. If the physician will conceal the name of the drug he is using in the pipe, and administer it himself to the patient there is but little danger of the formation of a habit.

Finally, other drugs (their aqueous extract) may be combined in definite amount with the opium and also used for inhalation.

Capsicum Annuum in Metrorrhagia.—M. Cheron, in the *Revue Med. Chir. des Mal. des Femmes*, recommends strongly cayenne pepper in all forms of uterine hemorrhage, whether due to fibroid tumors or to fungous endometritis, or even to epithelioma. He was first led to essay this remedy by the good effects observed from its use in hemorrhoids. A large number of physiological experiments led him to consider it as having a special action on the vascular system, and hence on organs very rich in blood vessels, such as the utero-ovarian system, the organs of respiration and the brain.

Cayenne pepper acts like ergot on the non-striated muscular fibers of the vessels, either directly or through the vasomotor system, and it has the great advantage over ergot that it is well supported by the stomach, acting as a stimulant to its functions. The medicament can be given in pill form, two grains before each meal, increasing to four grains, or the watery extract in the same dose, or in tincture, much diluted and given more frequently.—*Med. and Surg. Reporter.*

The Excretion of Indican.—Dr. Heineman has examined the urine in nearly two hundred cases, of which one hundred and fifty were cases of disease, for the purpose of discovering the relations which indican bears to the state of the organism. The indican is estimated by decomposing it by means of hydrochloric acid, and then dissolving out the indigo blue thus formed by chloroform; calcium hypochlorite being added to the solution to complete the decomposition and intensify the color. One hundred and forty-nine of the observations were on the excretion in health, indican being found in ninety per cent. In nearly half the cases there was an increase above the average. It seems necessary, therefore, to consider that the diet affects the excretion of this substance to a marked extent. The greatest excess was found in diseases that affect the alimentary canal, and especially the small intestine, whether the affections were local or general with a local lesion. There was a definite increase in dyspepsia, gastroduodenitis, intussusception, chronic constipation, diarrhea, peritonitis, cholera, lead poisoning, and typhoid fever. In diseases causing inanition, phthisis, and scrofulous bone-disease, an increase is also found. Although some diseases in which there is a reduction in the hemoglobin of the blood cause an increase, there are curious and at present mysterious variations in the effect of diseases of this class. Thus malaria, syphilis, rheumatism, alcoholism, progressive anemia, and chlorosis, even when the blood change is profound, do not always cause an increase in the amount of indican excreted. Further observations in this class of disease are needed to ascertain the conditions under which the excretion varies. There is a marked increase in certain nervous disorders—insanity, epilepsy, Addison's disease, progressive muscular atrophy, and paraplegia, and also cases of disordered function of the kidneys, as in chronic Bright's disease. The diseases, however, in which the most marked and uniform increase is met with are internal malignant tumors—sarcoma and carcinoma.—*Arch. Gén. de Méd.*

Note on the Therapeutics of Viscum Album.

Dr. R. Park contributes to the Practitioner this Note on the Therapeutics of Viscum Album:

Dr. Murrell's article in the London Med. Record for July 15, 1881, reviewing articles of Payne and others in American journals, is one of unusual interest to me, and for this reason. In June, 1870, I took charge of the practice of the late Dr. Wigglesworth, Cinderford, Forest of Dean. Among the drugs in the surgery I found a large bottle labeled "Tincture of Mistletoe." I had never heard of this tincture before; so my curiosity was aroused, and I carefully explored all the late doctor's books with a view to find a clew to its strength, mode of preparation, and therapeutics. My exploration was without result, however, so I spoke to Mrs. Wigglesworth, the widow, about the strange tincture, desiring to know if she could tell me for what purpose her husband had used it. She replied quite frankly that she knew the doctor had used a lot of it for treating diseases of the heart, but she knew nothing else about it. On account of the associations of mistletoe I thought at first the good lady might be making a little joke at my expense; but having assured myself that this was not so I coupled the information with the fact that I found a most unusual proportion of heart cases among the late doctor's clientele. Some were displacements, some valvular disease, some hypertrophy, some asthenia and palpitation simply. Most of the patients were miners working in Messrs. Crawshay's pits, and rheumatism and the cramped position in which the men worked were variously blamed for the morbid conditions. Whatever the exact pathological condition might be incompetency and tumultuous distressing cardiac action were the immediate symptoms calling for treatment in those that presented themselves. For this I prescribed half-dram doses of the tincture every four hours, with the very best results; all the patients returning with the symptoms ameliorated.

About eighteen months ago, when a near relative of mine was very ill with mitral disease and bronchitis, and I wanted a substitute for digitalis, I wrote to one of our professors of botany here, asking him if he could direct me to any work which would enlighten me as to the properties of this drug; but somehow my letter was never answered, and I have never had time to prosecute an original investigation for myself, even if the Vivisection Act had not stood in my way. Dr. Murrell may be quite sure, however, that in *viscum album* he will find a drug of no mean physiological power, and the profession an excellent substitute for digitalis.

Treatment of Felons.—Adinell Hewson offers some suggestions for the accurate diagnosis and successful treatment of felons. For diagnosis he makes of a flattened conical tube of binder's board with its base five by three and one half inches in diameter, so trimmed as to fit closely over brow, cheeks, and upper lip. The length is such as to bring the apex at about the distance of the range of distinct vision. The apex is an orifice one eighth by three sixteenths of an inch in diameter. The tube is made from a sheet of binder's board by dipping in warm water to soften it, then rolling it diagonally, and wrapping with cord to retain form until dry.

By means of this simple apparatus he exmaines the tissues by transmitted light. In the case of a suspected felon the patient's finger is brought to the point of the tube, which is held in the direction of a bright light, either natural or artificial, while the face is so applied at the base as to make it fit closely and exclude the light. During the examination Dr. Hewson finds it of advantage to have the patient practice forced, rapid respiration to produce an anesthetic effect. If the apex of the tube covers healthy tissues of the finger the characteristic bright pinkish-red color is readily perceived, while if the tissues are engorged the darker red tint, deepened in proportion to the intensity of the engorgement, will be equally characteristic, and will form a marked contrast to the color to be seen on examining the corresponding finger on the other hand. If the tint, though still reddish, be of a yellow hue pus has formed in the cellular tissue around or in the theca of the tendon. If by making firmer pressure, so as to cut off the lateral illumination through the tissues, the tint is found to be of a positive yellow, it is evident that there is suppuration in the theca of the tendon. Finally, if the tint so transmitted is of a dirty or opaque yellow the bone or periosteum is the seat of purulent formation and collection.

When such examination demonstrates that pus has not yet formed he has generally succeeded in aborting a felon by the application of a thick paste of wet clay, covered first with tissue paper and then with a thin layer of bandage stiffened by liquid glue painted in strips lengthwise on each side of the finger. The

object of applying the glue thus instead of covering the whole surface is to allow the drying of the clay, which would be prevented by coating the whole surface with glue.

Dr. Hewson's experience with such uses of clay has been very extensive, and he reports some very interesting and valuable results obtained by this agent. In this class of cases here considered he finds that as a rule the relief is very prompt, in which case the dressing is allowed to remain for several days. When the pain is not relieved in two or three hours after the application of the earth he removes it at once and makes a free incision, as he feels sure that nothing else will arrest the process.—*Coll. and Clin. Record.*

Counter-irritation in Tuberculosis.—This therapeutical measure, Prof. Peter (*Le Concours Med.*) thinks is not sufficiently relied upon, and he gives a series of directions on the subject: If the patient is still in fairly good health he may be cupped, or leeches may even be applied to the thorax over the points where signs of pulmonary congestion are perceptible. In those cases in which the patient is weak dry cupping, mustard plasters, or flying blisters may be prescribed, while the apices are painted with tincture of iodine. Croton oil, thapsia, antimoniated plasters, and Burgundy pitch should always be avoided, as they leave indelible stains. If the lesions are more deeply seated an oval blister should be made by Vienna caustic applied over the second or third intercostal space, one or two centimeters from the free edge of the sternum. When the patient does not object to its use a second may be applied before the previous one has healed, in order to keep up the counter-irritation. Lastly, a useful form of cauterization is that obtained by the use of a triangle of redhot needles applied very superficially. This application should be repeated every five days beneath one or other clavicle, the needles numbering twenty to thirty. —*Med. and Surg. Reporter.*

Strychnia in the Treatment of Myelitis.—At the meeting of the American Neurological Association, in June last, an interesting discussion took place, partaken in by Drs. Jewell, Beard, Hammond, Grey, Seguin, and others on the treatment of myelitis. Dr. Jewell opened by stating that in several cases of advanced myelitis he had, after the failure of the usual treatment with bromides, ergot, etc., put the patient under the influence of strychnia in increasing doses, with the most favorable results. In one case the amount was increased to an almost toxic dose (one tenth of a grain), with advantage. With this apparently anomalous treatment he enforced rest, as nearly absolute as it could be made. Several of the other speakers expressed their surprise at this employment of strychnia as being contrary to their own experience, and not agreeing with the physiological therapeutics of the disease. In reply Dr. Jewell said that he did not claim to explain its action in these cases, but he could conceive that it perhaps gave a better tonicity to the spinal blood-vessels in certain cases. He should never give it while there were any febrile symptoms remaining; but he thought that after the disease had progressed to a certain extent, strychnia might then be tried, and if the acute stage had passed and there was no softening, then the stimulative action of strychnia would do good, if there was softening it could do no harm. He thought it might often be employed earlier in the disease than is commonly deemed possible, and in stages where most physicians gave ergot and bromides to bring about contraction of the blood-vessels. He had used iodide of potash along with strychnia in some of his cases, but the improvement seemed to follow the use of the latter drug more than the former.—*Canada Lancet.*

Iodoform in the Treatment of Diseases of the Skin.—Mr. Frazer has obtained very favorable results from the use of iodoform in various diseases of the skin. It may be readily employed in the form of an ointment of any required strength, mixed either with lard or vaseline. The strength of the ointment made use of has ranged usually from ten to thirty grains of iodoform to the ounce of cerate, but double this quantity can be applied. It has proved a most useful remedy in healing local eczematous eruptions occurring in strumous children and young people, as well as in cases of impetigo. Mr. Frazer also directs attention to the properties it possesses in curing porrigo decalvans. The best results he has as yet attained have followed the application of vesicating collodion over the affected spot and for a short distance around it. Previous to this it is well to epilate all diseased hairs over the spot, and when the blister is healing the ointment of iodoform should be applied night and morning, or oftener; by this treatment the hair soon reappears in a healthy condition.—*British Medical Journal.*

Injection of Apomorphia in Chronic Bronchitis.—This method was tried last year in two cases, one twentieth of a grain of apomorphia being injected. This had the effect of producing efforts at vomiting, but nothing was thrown up. There were also great yawning and some perspiration. Sleep always came on within an hour of the administration, and this was natural to appearance, and there was no stertorous breathing. On awakening in the course of an hour or two the breathing seemed relieved, and there appeared to be less clogging of the air-tubes. On two occasions one twelfth of a grain was placed on the tongue. This caused no nausea or retching. I intend to try this method of treating chronic bronchitis and emphysema further during this winter, as it seems to be a powerful and useful remedy.—*Matthew Charteris, M.D., Prof. of Therapeutics, University of Glasgow, in London Lancet.*

Artificial Hunyadi Janos Water—The natural Hunyadi Janos water was observed to be an efficient, safe, and agreeable purgative in many chronic cases. It is, however, found to be too expensive for hospital use, and it was resolved to try it artificially. At first it was made according to Liebig's analysis of the natural water, but this was perceived to be too weak, and it failed to produce purgative action. Ultimately it was made thrice the given strength, according to the following recipe: Sulphate of magnesia, 514.92 gr.; sulphate of soda, 519.54 gr.; sulphate of potash, 2 76 gr.; chloride of sodium, 39.15 gr.; bicarbonate of soda, 15.60 gr.; water, 16 oz. Dose, two ounces and upward. It will be observed that the chloride of calcium is omitted, but the proportion is so small that even when it was included there was no dlfference in the action. This inexpensive mixture, made for a penny per quart, can be effectually recommended. It will be found to possess every advantage attributed to the natural variety, the necessity for buying which seems to be done away with.—*Ibid.*